



Application Form Planning Commission – Condominium

Planning and Zoning Department
52700 Van Dyke Ave, Shelby Twp, MI 48316
(586) 726-7243
planning@shelbytwp.org
shelbytwp.org

Office Use			
Application No. _____	Review Fee _____	Engineering Fee _____	Tree Permit Fee _____
Date Received _____	Receipt No. _____	Receipt No. _____	Receipt No. _____

Section I – Identification

1. Applicant

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

2. Property Owner

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

3. Project Contact Person (if different from applicant)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

4. Project Designer/Developer

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

5. Type of Review

- Site Plan
- Special Land Use
- Class A Nonconforming Use
- Rezoning
- PUD Preliminary
- PUD Final
- Site Condo Preliminary
- Site Condo Final

Subdivisions:

- Tentative Preliminary Plat
- Final Preliminary Plat
- Final Plat

The applicant must read the following statement carefully and sign below:

The undersigned requests that the Charter Township of Shelby review this application and related required documents and site plans as provided in Article 7.17 of the Zoning Ordinance. The applicant further affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers and statements contained in this application and enclosures are in all respects true and correct to the best of his, her, or their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other provisions of the Zoning Ordinance or other codes or statutes, and does not constitute the granting of a variance.
- That the applicant will comply with any and all conditions imposed in granting approval of this application.
- If also the owner, the applicant grants the Charter Township of Shelby staff and Planning Commission the right to access the property for the sole purpose of evaluating this request.

Applicant Name _____

Applicant Signature _____

Date _____

If the applicant is not the property owner, the property owner must read and sign below:

The undersigned affirms and acknowledges that he, she, or they are the owner(s) of the property described in this application, and:

- Is/are aware of the contents of this application and related documents.
- Authorizes the applicant to submit this application and represent the undersigned in the matter being reviewed by the Charter Township of Shelby.
- Grants the Charter Township of Shelby staff and Planning Commission the right to access the subject property for the sole purpose of evaluating this request.

Property Owner Name _____

Property Owner Signature _____

Date _____



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Section II – Project Information

Address of the Property: _____

Sidwell #: _____

Name of Development: _____

Area of Site in Acres: _____

General Location: _____

Has this project been reviewed before? (Yes/No)

→ If so, when? _____

Legal Description (Attached / on Site Plan)

Will the proposed use include any of the following activities? (Check all that apply)

- Construction of a new building
- Expansion of an existing building
- New/Expanded use of an existing building
- Demolition of an existing building
- Increase in residential density
- Construction of a new parking area
- Expansion of an existing parking area

Details of the Proposed Development (attach a separate sheet if necessary)

Section III - Site Requirements

1. Development Standards

Required Setbacks

Front Yard(s): _____

Side Yard(s): _____

Rear Yard: _____

Provided Setbacks

Front Yard(s): _____

Side Yard(s): _____

Rear Yard: _____

Building Height: _____

Number of Stories: _____

Area of Building(s): _____

2. Parking

Required number of parking spaces: _____

Proposed number of parking spaces: _____

Shared parking agreement? _____

Required Parking Lot Setback: _____

Provided Parking Lot Setback: _____

3. Landscaping

Number of Existing Street Trees: _____

Number of Proposed Street Trees: _____

Parking Lot Trees: _____

Proposed tree removal? (Y / N)

4. Lighting

Number of light fixtures on building: _____

Number of light fixtures on-site: _____

Light level at each property line: _____

5. Buffers and Screening

Proposed outdoor storage? (Y / N)

Proposed roof-mounted equipment? (Y / N)

Landscaped screening required? (Y / N)

Protected use requiring screening: _____

Type of screening Required: _____

6. Site Standards

Sidewalks: (Existing / Proposed)

Is fencing proposed? (Y / N)

Trash receptacle: (Existing / Proposed)

Canopies or awnings (Y / N)

Facade Material(s): _____

7. Zoning Compliance

Zoning district: _____

Current use: _____

Proposed use: _____

Permitted, Non-Conforming or Special Land Use? _____

Will the project require any variances? (Y / N)

Identify: _____

Leased or rental units as part of proposal? (Y / N)

Development Impact Statement submitted? (Y / N)

Traffic Impact Study submitted? (Y / N)

Special Land Use responses submitted? (Y / N)



Applicant Information Form

Office Use Application No. _____	Date Received _____	Copy of Driver's License Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section I – Type of Application (The appropriate Application Form must accompany this form.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Zoning Board of Appeals,
Interpretation, Major Temporary Use | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Minor Temporary Use | <input type="checkbox"/> Condominium Subdivision |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Tree Permit | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Class A Nonconforming Use | | <input type="checkbox"/> Subdivision |

Section II – Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____

Driver's License Number _____

(A copy of both sides of the applicant's driver's license must be attached.)

Section III – Signature

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Applicant Name _____

Applicant Signature _____

Date _____



Affidavit of Ownership of Land

STATE OF MICHIGAN
COUNTY OF MACOMB

I/We _____
Name(s)

of _____
Address City State Zip Phone

the _____ of _____
Title Name of Company

being duly sworn, depose(s) and say(s) as follows:

1. The owner(s) of the property described on the attached

- Warranty Deed Land Contract Other Document (Specify)

is/are as follows: _____
Name(s) Address

Name Address

Name Address

This property is the subject of a _____
Type of Application

2. I/We authorize _____
Name(s)

the _____ of _____
Title(s) Name of Company

of _____
Address City State Zip Phone

to be my/our designated representative(s) in the processing of the application and to make representations and commitments on my/our behalf in connection with obtaining approval of my/our request.

Signature of property owner

Title of property owner (if applicable)

(Print/type name of property owner)

Subscribed and sworn to before me on
The _____ Day of _____, 20____

_____, Notary Public

_____ County, Michigan

My commission expires _____