



City Staff
Use Only

Project Name
Project Number
Review Fee Paid
Escrow Fee Paid

APPLICATION TO: PLANNING COMMISSION ZONING BOARD OF APPEALS

224 W Buffalo St, New Buffalo, MI 49117 City Hall: 269-469-1500 Building Dept: 269-469-7144 Facsimile: 269-469-7917

Instructions: Fill-in all blanks and 'X' applicable boxes (). Incomplete applications cannot be processed.

I. Applicant and Owner Information

A) Applicant(s) principal contact:

E) Property owner(s) principal contact:

Name _____

Address _____

Telephone _____

email _____

Name _____

Address _____

Telephone _____

email _____

B) Applicant(s) secondary contact:

F) Architect (if applicable):

Name _____

Address _____

Telephone _____

email _____

Name _____

Address _____

Telephone _____

email _____

C) Agent or Attorney (if applicable):

G) Engineer (if applicable):

Name _____

Address _____

Telephone _____

email _____

Name _____

Address _____

Telephone _____

email _____

D) Is the property held in Trust*:
Yes - Answer below No - Skip below
Name of Trust _____
Address _____

Telephone _____
email _____

H) Applicant is (circle one):
Property owner
Attorney
Agent
Engineer
Other: _____

* Trusts: Provide an attached statement from the trustee verifying the names of all the beneficial owners.

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II. Purpose of Application

A) This application is a request for the following action:

Rezoning of Property

Subdivision Approval

Site Plan Approval

Rezoning Amendment

Variance(s) Approval

Special Use Approval

Lot Split – Subdivision or Land Division

Other: _____

B) The reasons for the requested action(s) are as follows:

C) The specific section(s) of the City Zoning Ordinance or City General Ordinances which addresses the amendment, variance, or other action which is being requested:

D) The following two questions are only for applications which contain a request for a zoning variance:

1. Are the conditions which prevent the development of the property the result of action by an individual who has or had a property interest in the subject property: Yes No

2. If the conditions were self-imposed (not hardship), explain why the variance should be granted:

III. Site and Surrounding Property Information

A) Common address or property location of subject property:

B) Legal description (attach an additional sheet if necessary):

C) Permanent Real Estate Tax Identification Number: _____

D) Parcel Size: _____ Square feet

_____ Acres

_____ Dimension of lot frontage

_____ Dimension of lot depth

E) What are the current land uses and zoning on the property and the adjoining properties:

	Current zoning	Current land use
1. On Site:	_____	_____
2. Adjoining property:		
a) North of Site	_____	_____
b) South of Site	_____	_____
c) East of Site	_____	_____
d) West of Site	_____	_____

F) Describe any existing structures or other improvements and physical attributes of the site:

IV. Description of the Proposed Development

A) Please describe the proposed use of the land and/or building assuming approval of the request:

B) What is the proposed time frame for the build-out of this development: _____

C) For each intended use please fill-in the number of buildings, square footage of each building, the total square footage of the development, and the required number of parking spaces; as well as the number and size of the water and the sewer connections:

Building Use	Number of Buildings	Building Area (sq ft)	Total Building (sq ft)	Required Parking Spaces	Water Connections and Sizes	Sewer Connections and Sizes
Single Family R-1						
Two Family R-2						
Mufti-Family R-3						
Central Business CBD						
Gen. Commercial GCD						
Waterfront Marina WM						
General Industrial I-1						
TOTAL						

D) If this application is for a development please provide information concerning the amount of traffic and the proposed road configuration it will have:

1) Average daily traffic count for the proposed development: _____

2) Peak traffic flow count for the proposed development: _____

3) How many lineal feet of roadway is proposed to be developed: _____

4) How many cul-de-sacs will be constructed as part of this project: _____

5) How many curb cuts to City, County or State roads are proposed: _____

E) Does the request contemplated in this application concern any hazardous materials:

No Yes – describe the type and quantity of materials (attach extra pages if necessary):

VII. Signature and Declaratory Statement

A) Required attendance at public hearing(s) and/or meeting(s): The Planning Commission and Zoning Board of Appeals (ZBA) have established a policy requiring the applicant or a designated representative of the applicant to be present at any meeting or public hearing at which their application is to be considered. Failure of the applicant or designee of the applicant to appear may postpone consideration of the application by the Planning Commission or ZBA.

B) Declaratory Statement:

I, _____, hereby certify that all information contained in this application and accompanying documentation is true and correct to the best of my knowledge and further, I acknowledge the required attendance of the applicant as set forth in paragraph A above. I furthermore grant permission for identified members of the City of New Buffalo's Planning Commission or Zoning Board of Appeals to visit the site(s) referenced in this application.

C) Applicant Signature: _____ Date: _____

D) Notary Public Certification Statement:

I, _____, Notary Public in and for the State of Michigan this _____ day of _____, _____ the above captioned applicant appeared before me and under oath, stated that all matters contained in this application are true.

My commission expires: _____

VIII. City Staff Review

A) Fire Department approval of Site and Building Plans, except for single family dwellings: This application and associated documentation must be reviewed by the Fire Chief or his designee, which can be arranged by calling the Fire Department: 269-469-4993.

Review Date: _____

Approval: Yes No Signature: _____

Conditions: Attached None Title: _____

B) Note to applicant: The original application must be filed in the Office of the Zoning Administrator, where the following signatures are required for verification that this is a complete and valid application to be considered by the Planning Commission or the Zoning Board of Appeals.

Building Inspector: _____ Date: _____

Zoning Administrator: _____ Date: _____

Initial meeting date: _____