



# CITY OF GRAND LEDGE

Established 1893

Zoning Administrator

319 Taylor St.  
Grand Ledge, MI 48837

Ph: (517) 627-6469

Fax: (517) 627-6788

sstachowiak@grand-ledge.com

## Site Plan Review Application

### For Office Use Only

Fee Paid \_\_\_\_\_

Date Received: \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

\_\_\_\_\_

Evening Phone \_\_\_\_\_

Interest in Property (check one)

Owner

Option to buy

Represent Owner

Lessee

Other \_\_\_\_\_

Complete address of property requested to be reviewed \_\_\_\_\_

\_\_\_\_\_

Owner Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

\_\_\_\_\_

Evening Phone \_\_\_\_\_

Legal Description (indicate attached if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot size: Width \_\_\_\_\_ Length \_\_\_\_\_ Area \_\_\_\_\_

Current zoning: \_\_\_\_\_

Proposed use of property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate the following:

- General traffic volume \_\_\_\_\_
- Total population increase \_\_\_\_\_
- Population per acre \_\_\_\_\_
- Hours of operation \_\_\_\_\_
- Total number of employees \_\_\_\_\_
- Total building area proposed \_\_\_\_\_
- Parking spaces \_\_\_\_\_

Petition must include photographs of the property, copies of any other required permits and a site plan, as follows:

- Drawn to a scale of at least 1"=100'
- Existing and proposed structures (buildings, trash receptacles, landscaping, etc.)
- Existing and proposed parking areas and driveways
- Existing and proposed roads, easements and other access points
- Flood plain elevations, if applicable
- Zoning classifications of all abutting land within 300 feet

I stipulate and understand the site plan review, if approved by the City of Grand Ledge, does not guarantee I may proceed with the proposed development. I understand there may be additional permits required to meet trade codes and other governmental requirements, and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this site plan review application are true, accurate and complete.

Signature	Date		
Required Reviews			
	Approve Petition	Deny Petition	Initials
<input checked="" type="checkbox"/> Zoning Administrator	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Building Official	<input type="checkbox"/>	<input type="checkbox"/>	_____