

City of Farmington Hills, Planning Office
31555 W. Eleven Mile Road
Farmington Hills, MI 48336-1165
www.fhgov.com, (248) 871-2540 Fax: (248) 871-2451

Qualification for Cluster

INSTRUCTIONS TO APPLICANT: Request must be submitted in duplicate with all information typewritten or legibly written in ink. Additional pages containing any other information, which the applicant feels, will aid the Planning Commission in reaching its decision should be attached. *Petitions must be filed with the Planning Office by 3:30 p.m. on the **18th day of the month** to be heard at the regular hearing of the following month. Notice of action taken by the Planning Commission will be sent to the applicant.*

REQUIREMENTS FOR APPLICATION SUBMITTAL

1. In order to qualify a parcel for development under subparagraphs vi., vii., or viii. of paragraph 2, B, Section 34-3.17 of the Zoning Ordinance, the Planning Commission shall determine that the parcel has these characteristics and the request shall be supported by written and/or graphic documentation, prepared by a Landscape Architect, Engineer, Professional Community Planner, Registered Architect or Environmental Design Professional. Such documentation shall include the following as appropriate: soil test borings, floodplain map, topographic map of maximum two foot contour interval, inventory of natural assets and aerial photograph of the property.
2. Additional information required for all Planning Commission Applications/Requests:
 - One (1) site location plot plan to be approved by the Planning Office
 - Proof of Ownership of Property (May Be: Title Insurance OR Purchase Agreement)
Also: Names of Principal Owners of Corporation, Partnership, etc.
3. FEE: Qualification Review.....(Please contact the Planning Office for Fee's)

The applicant must appear in person or **by representative authorized in writing** to appear on his behalf.

SITE CHARACTERISTICS

Section under which the parcel qualifies: _____

Reason for Qualification: _____

Description of Property: _____

(Street address or other means of locating property)

Zoning District: _____ Sidwell No.: _____

Location and legal description of property: _____

(Attached Additional Sheet if Necessary)

Qualification for Cluster

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THE PROPERTY IS OWNED BY:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

APPLICANT:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Fax: _____ , Email: _____

Applicants interest in property (if other than the owner).

The undersigned declare(s) under the penalties of perjury that the foregoing Application has been examined by me (us) and that the contents thereof are true to the best of my (our) information, knowledge, and belief.

*Signature of Owner

*Signature of Applicant (If different from Owner)

PETITION NO. _____ DATE: _____ RECEIVED BY: _____