

Application for Special Approval

ITEM NO: _____ DATE: _____ RECEIVED/CHECKED BY PLANNING: _____

I (We) the undersigned do hereby make application to the Planning Department of the City of Farmington Hills to develop the property herein described as and in support of this application the facts below are shown. *Petitions must be filed with the Planning Office by 3:30 p.m. on the 1st day of the month to be pre reviewed and revisions submitted no later than the 18th of the month to be heard at the Regular Hearing of the following month. If the 1st falls on a weekend or holiday, plans must be submitted by 12:00 noon on the following business day.*

REQUIREMENTS FOR APPLICATION SUBMITTAL

- Eight (8) copies of Site Plan, all plans must be folded 8 ½ X 11 letter size – architects seal up.
- One copy of Site Plan sent by email to: egardiner@fhgov.com
- Fifteen (15) reduced copies of Site Plan (11 x 17)
- Proof of Ownership: Title Insurance; Purchase Agreement; Names of the Principal Owners involved in any Corporation, Partnership, etc.
- Hazardous Substances Form completed.
- Tree Survey (Section 34-5.18, p. 5-34), Three (3) copies Tree Survey; plus (2) copies superimposed.

Required Tree Survey Fee# of Trees: 6" or Larger: _____ Fee: \$ _____

Required Site Plan Fee: (Contact the Planning Office for all fee's)

Base \$ _____ + Engineering \$135 + Acreage Fee \$ _____ Acres: _____ Total: \$ _____

NOTIFICATION OF AFFECTED PROPERTY OWNERS. When provision of the approval requires, all property owners within 300 feet of petitioner's property must be notified by first class mail five to fifteen days prior to the hearing. Please add to the base fees, an additional **mailing fee of \$300.** An additional **\$1.25** will be billed to you after submission for each notice sent over 25 notices.

Total fees due: \$ _____

May be required at a later date:

Six (6) copies of Landscape Plan/Open Space Plan, plus Fifteen (15) (11 x 17) copies.

Required Landscape Plan/Open Space Plan Fee: \$600.00 plus \$15/acre.

SITE CHARACTERISTICS

Subject Property Address: _____

Sidwell/Tax I.D.: #22-23- _____ Zoning District: _____

Proposed Use of Property: _____

Propose number of Employees: _____ Bldg. Sq. Footage: _____

THE PROPERTY IS OWNED BY:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

*Signature of Owner: _____

APPLICANT:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____ Email: _____

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

*Signature of Applicant: _____

ACTION BY PLANNING COMMISSION: APPROVED: _____ DENIED: _____