

**VILLAGE OF PENTWATER  
PLANNING COMMISSION SITE PLAN REVIEW APPLICATION**  
*(Pentwater Community Zoning Ordinance – Chapter 16)*

Parcel Number \_\_\_\_\_  
Name \_\_\_\_\_  
Date: \_\_\_\_\_

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(E-mail)

OFFICE USE ONLY

Application number \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

PC Action: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):  
Builder / Have Option to purchase / Agent / other \_\_\_\_\_

<b>PROPERTY OWNER:</b>			
<b>PROPERTY ADDRESS:</b>			
<b>PARCEL NUMBER:</b>			
<b>RECORDED PLAT OR SUBDIVISION NAME:</b>			
<b>BLOCK:</b>		<b>LOT(S):</b>	<b>*OR ATTACH LEGAL DESCRIPTION</b>
<b>ZONING DISTRICT:</b>		<b>PRESENT USE:</b>	
<b>CORNER LOT:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ROADS:</b>	
<b>NEW BUILD:</b>	<b>WATER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SEWER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ACTION REQUESTED:**

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(Attach sheets if necessary)

(  attached)

**TYPE OF REVIEW:**

<b>PRELIMINARY</b>		* 10 copies of Site Plan required ( <i>See Section 16.03 A</i> )
<b>FINAL</b>		* 15 copies of Site Plan required ( <i>See Section 16.03 B</i> )

**ATTACH A SITE PLAN FOR REQUEST**, (drawn to a scale of not less than: property under 3 acres, 1 in = 10 ft.) Depicting property, including all proposed and existing structures and other above ground streets/alleys/easements and fences/walks/landscaping/greenbelts proposed and existing.

**ATTACH A CERTIFIED SURVEY (IF REQUESTED BY THE ZONING ADMINISTRATOR OR PLANNING COMMISSION)**, (completed by a professional surveyor or engineer for the property at issue [including a written drawing showing structures and stakes set on the property boundaries or corners] in order to insure that all requirements of the Zoning Ordinance will be met.) *See Pentwater Community Zoning Ordinance Section 19.15.*

(  attached)

**ATTACH COPIES OF PERMITS FROM OTHER AGENCIES IF REQUIRED FOR CRITICAL DUNES OR WETLANDS.**

(  attached)

**NUMBER OF ATTACHED SHEETS:** \_\_\_\_\_

1. <input type="checkbox"/> Legal Description	Number of Pages:
2. <input type="checkbox"/> Action Requested	Number of Pages:
3. <input type="checkbox"/> Site Plan / Sketch	Number of Pages:
4. <input type="checkbox"/> Survey	Number of Pages:
5. <input type="checkbox"/> Letters or Permits	Number of Pages:
6. <input type="checkbox"/> Other:	Number of Pages:

**AFFIDAVIT:** I agree the statements made above are true, and if found not to be true, any Planning Commission ruling that may be issued may be void. Further, I agree, any Planning Commission ruling and subsequent permit that may be issued is with the understanding that all applicable sections of the Pentwater Community Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for the Village of

Pentwater for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Village of Pentwater to enter the property subject to this permit application for purposes of inspection. Also, I understand any zoning action by the Planning Commission conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_

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

**When completed send to:  
Village of Pentwater Zoning Administrator  
327 S. Hancock Street – P.O Box 622  
Pentwater, Michigan 49449  
Phone: (231) 869-8301  
Fax: (231) 869-5120**

**Notice of Meeting**

A public meeting of the Village of Planning Commission will be held on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at 7:00 p.m. in the Pentwater Community Hall to consider your request. You may appear in person, or by agent, or attorney. If you do not appear personally, your representative must have a letter of authorization to act on your behalf.

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

OFFICE USE ONLY

Response requested from:  
DPW \_\_\_\_\_  
Police \_\_\_\_\_  
Fire \_\_\_\_\_  
Other \_\_\_\_\_

*Please attach your response and  
RETURN WITHIN 10 DAYS OF  
THIS REQUEST  
to the Zoning Administrator*