

FREMONT COMMUNITY PLANNING AND ZONING SITE PLAN REVIEW APPLICATION

DAYTON TOWNSHIP, SHERIDAN CHARTER TOWNSHIP AND THE CITY OF FREMONT

This application and accompanying site plan will not be accepted if incomplete. All required materials must be submitted to the Zoning Administrator thirty (30) days prior to the next scheduled Joint Planning Commission meeting. Joint Planning Commission meetings are held on the 4th Tuesday of each month at 7:00 p.m. in the Council Chambers of the Fremont Municipal Building located at 101 E. Main Street, Fremont, MI.

Applicant Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Applicant's interest in project: _____ Owner _____ Lessee _____ Other
If other, outline interest: _____

Owner Information (if other than Applicant)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Property Information

Parcel number: _____

Current zoning: _____

Address: _____

Size: _____ Acres _____ Square Feet

Short description of project: _____

Information to be Submitted (Applicant must submit those items checked below and on the list from Appendix 3 of the Joint Zoning Ordinance)

Site plan/map with applicable information as required in Chapter 10 and Appendix 3 of the Fremont Community Joint Zoning Ordinance

Proof of ownership

Legal Description

Affirmation

I hereby attest that the information on this application and provided in association with it is, to the best of my knowledge, true and accurate. I understand that the deliberate withholding or falsification of information required above may result in denial of this application.

Signature of applicant: _____ Date: _____
Printed name of applicant: _____

Signature of owner (if other than applicant): _____ Date: _____
Printed name of owner: _____

I hereby grant permission for members of the Fremont Community Joint Planning Commission and the Dayton Township Board, the Sheridan Charter Township Board and the Fremont City Council to enter the above described property for purposes of gathering information related to this application.
(Note to applicant: This is optional and will not affect any decision on your application.)

Signature of owner: _____ Date: _____

Please return the application to the municipality wherein the subject parcel is located, as noted below.

City of Fremont 101 E. Main Street Fremont, MI 49412	Dayton Township PO Box 68 3215 S. Stone Road Fremont, MI 49412	Sheridan Charter Township PO Box 53 6360 S. Township Parkway Fremont, MI 49412
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FOR CITY/TOWNSHIP USE

Application accepted by: _____ Date accepted: _____
Fee received: _____ Escrow fee received, if applicable (\$1,000.00 minimum): _____