



# CHARTER TOWNSHIP OF PORT HURON

## Planning Commission Application

★ ALL INFORMATION & FEES MUST BE SUBMITTED A MINIMUM OF 28 DAYS IN ADVANCE OF THE MEETING.

Planning Commission Meetings are generally held the 2nd Thursday of every Month

<input type="checkbox"/> Site Plan Review (\$450.00) <input type="checkbox"/> Special Approval Use (\$950.00) <input type="checkbox"/> Rezoning (\$1,050.00) <input type="checkbox"/> Special Meeting  <input type="checkbox"/> Paid Planning 372000619000 \$ _____  *Sketch Plan Review – See Separate Application	<b>Escrow Deposits - Engineering</b> <input type="checkbox"/> Site Plan Review (Min. \$1,000.00 + \$80.00 acre) <input type="checkbox"/> Engineering Review (Min. \$500.00 + per fee schedule) <input type="checkbox"/> Engineering Inspection's (Min. \$1,000.00 + per fee schedule) <input type="checkbox"/> Paid Engineering 101000225000 \$ _____	Date Submitted: _____ Fee \$ Paid: _____ Project #: _____ Public Hearing Date: _____ Publication Date: _____
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**Applicant Information** (Must have a legal interest in the property):

- Representative/ Owner     Purchaser – Option or Purchase Agreement     Purchaser – Land Contract
- Tenant / Lessee     Developer / Contractor     Engineer / Architect

Name: \_\_\_\_\_ Bus/Org Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_\_

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Charter Township of Port Huron will not review my application unless all information required in this application has been submitted. Further I grant permission for representatives of Port Huron Township to enter the property described in this application for the purpose of gathering information related to this application and agree that they will not be held liable for claims resulting from the processing of this request. I agree that I will be responsible for any and/or all fees assessed or incurred for the review and processing of the request, including possible Engineering, Building and/or other necessary reviews if required. **Note: The Applicant or a designated representative MUST BE PRESENT** at all scheduled review meetings or the proposed action may be tabled due to lack of representation.

**Signature of Applicant:** \_\_\_\_\_

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

**Property Information:**

Address / Location of Subject Property: \_\_\_\_\_

Parcel # of Subject Property: 74-28-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Zoning Designation: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Property Area (square ft & acres): \_\_\_\_\_ Nearest Cross Streets: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_

Legal Description (attach separate sheets if necessary):  
\_\_\_\_\_

Brief Description of Proposed Activity (attach separate sheets if necessary):  
\_\_\_\_\_

Note: The Applicant or a designated representative should be present at all scheduled review meetings or the proposed action may be tabled or denied due to lack of representation. ***Please attach the Following:***

- Must be Submitted in Substantially Complete form NO Later than Twenty-Eight (28) Days in advance of the meeting date.
- Digital Submittal and Five (5) sealed by a registered architect, engineer, landscape architect or community planner. (Sketch Plans may be exempt from the requirement for a seal).
- A Complete Written description of the existing and proposed uses, including but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.... Based on the Ordinance Section Requirements.
- Planning Commission Fees and Escrow Deposit for Site Plan and Possible Engineering Review Fees
- Review comments or approvals from County, State or Federal Agencies that have jurisdiction over the project, including but not limited to:
  - St. Clair County Road Commission
  - St. Clair County Drain Commissioner
  - St. Clair County Health Department
  - Engineering or Staff Review
  - MI Department of Natural Resources & Environmental Quality
  - MI Department of Transportation
  - U.S. Army Corps of Engineers
  - Other / Bond
  - Proof of Property Ownership
  - All Taxes are paid

**If any of the above items are not submitted, paid for, or missing A signature  
The Application will be considered as incomplete and will NOT be accepted.**

**Owner of the Property Information:** (Must be completed by owner of property):

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

The undersigned hereby affirms and acknowledges that they are the owner(s) of the property described in the application and are aware of the contents of the application. Further I grant permission for representatives of Port Huron Township to enter the property described in this application for the purpose of gathering information related to this application and agree that they will not be held liable for claims resulting from the processing of this request. I understand that any and/or all fees that are not paid for may/will ultimately be assessed against the property or reflected in the form of a lien on the above property. **I also hereby authorize the applicant to submit the application or if representing myself agree to sign as the Applicant also, and represent the undersigned in the matter being reviewed by the Charter Township of Port Huron.**

**Signature of Owner:**

**Date:**

**TO BE COMPLETED BY THE TOWNSHIP OF PLANNING COMMISSION:**

Findings of Fact: \_\_\_\_\_

Action Taken by: Approved: \_\_\_\_\_ Approved W/Conditions: \_\_\_\_\_ Tabled: \_\_\_\_\_ Date: \_\_\_\_\_

Presiding Chairman: \_\_\_\_\_ Member: \_\_\_\_\_

Conditions: \_\_\_\_\_