Paw Paw Township Site Plan/Special Land Use Application

114 N. Gremps Street Paw Paw, Michigan 49079 269-657-4340 269-657-5683 (fax) pawpawtownshipmi.gov



Request	(check one)
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Special land use and site plan review \square Permitted use site plan review \square
Checklist
These materials shall be submitted in complete form to the Township no later than 30 calendar days prior to the Planning Commission meeting at which the review is requested. Please plan ahead at least two weeks to complete the Zoning Permit process prior to submitting this application. Planning Commission meetings are typically held on the 3 rd Tuesday of each month at 5:00 PM.
 Zoning Permit Inspection Form □ One completed and signed copy of the application □ Proof of property ownership or control Ten individually folded copies and one digital copy in pdf format of the site plan □ Proof that the plan has been submitted for review to all appropriate affected governmental agencies, including but not limited to the Van Buren County Road Commission, Van Buren County Drain Commission, Van Buren County Health Department, Michigan Department of Transportation (where applicable), Michigan Department of Environmental Quality (where applicable) and any other agencies deemed appropriate by the Planning Commission □ The required application fee Special land use and site plan: regular meeting \$750 □; special meeting \$950 □ Permitted use site plan: regular meeting \$700 □; special meeting \$900 □ Complete site plan □
Applicant
Name:
Address:
Email Address:
Phone Number:

Signature:

Landowner
Name:
Address:
Signature:
If the property is under contract, the landowner's signature is not required. However, the appl must provide a copy of the contract.
Property Information and Project Proposal
Project Name:
Address:
Property Tax ID Number: 80-14
Acreage:
Dimensions of land:
Current Zoning Designation:
Current Use:
Proposed Use:
Names, addresses, and telephone numbers of engineers, attorneys, architects, and other professionals associated with the project:
OFFICE USE ONLY- ONLY SEND TO TOWNSHIP PLANNER IF COMPLETE
Date received in complete format:
Check #:
Amount received:
Accented by: