

**PLANNING DIVISION  
APPLICATION FORM**



**DEVELOPMENT SERVICES DEPARTMENT**  
5200 Civic Center Drive  
Waterford, Michigan 48329-3773  
Telephone: (248) 674-6238  
Fax: (248) 674-4097  
planning@waterfordmi.gov

|                                    |             |             |                       |
|------------------------------------|-------------|-------------|-----------------------|
| <b>Office Use Only</b>             |             |             | Date Received _____   |
| <b>Related Application Numbers</b> |             |             | Planning Fees _____   |
| PBUS: _____                        | PCR: _____  | PRSA: _____ | Engineering Fee _____ |
| PSP: _____                         | PZBA: _____ |             | New Address Fee _____ |

- I. Type of Request** *(select all that apply)*
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business Registration | <input type="checkbox"/> Minor Site Plan  | <input type="checkbox"/> Master Plan    |
| <input type="checkbox"/> Change of Use         | <input type="checkbox"/> Major Site Plan  | <input type="checkbox"/> Rezoning       |
| <input type="checkbox"/> Concept Plan          | <input type="checkbox"/> Special Approval | <input type="checkbox"/> Text Amendment |

| <b>Fees</b>                           |         |
|---------------------------------------|---------|
| Business Registration                 | \$100   |
| Change of Use                         | \$550   |
| Concept Plan                          | \$550   |
| Minor Site Plan                       | \$1,250 |
| Major Site Plan                       | \$1,550 |
| Special Approval                      | \$1,000 |
| Master Plan Amendment                 | \$1,200 |
| Rezoning / Text Amendment             | \$1,000 |
| Request for New Address <i>(Fire)</i> | \$75    |
| <i>Additional fees may apply</i>      |         |

**II. Applicant Information**

|                |                    |                |  |
|----------------|--------------------|----------------|--|
| Applicant Name |                    | Contact Person |  |
| Address        |                    | City           |  |
| State & ZIP    | Home/ Office Phone | Cell Phone     |  |
| Email Address  |                    |                |  |

**III. Property Information**

Legal Description     Attached     On Site Plan

|   |   |                             |   |                   |
|---|---|-----------------------------|---|-------------------|
| All new buildings or unit splits are required to make a Request for New Address | Requires New Address?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Street Name Building Faces: | New Address Assigned <i>(Obtain from Fire Department)</i> |                   |
| Property Owner  | Property ID Number  | Lot Number                  |   |                   |
| Owner Address   | Owner City  | Owner State & Zip           | Current Zoning  | Proposed Zoning   |
| Property Address or General Location  |   |                             | Property Size (Acres)                                     | Num. of Buildings |
| Frontage <i>(feet and streets)</i>  |   |                             | Zoning Use Section  | Building Use Code |
| Proposed Use  | #Residential Units  | #Vehicle Repair Bays        | #Salon/Barber/Tattoo Stations                             |                   |

|  |  |
|--|--|
| Business License Held By:<br><i>(Business Registration Only)</i> | <input type="checkbox"/> Individual <i>(Attach copy of any Assumed Name Certificate)</i><br><input type="checkbox"/> Partnership or LLC <i>(Attach a copy of Partnership or LLC Certificate)</i><br><input type="checkbox"/> Corporation <i>(Attach a copy of Articles of Incorporation)</i> |
|--|--|

|                                      |  |   |
|--------------------------------------|--|---|
| Fire Suppression Systems in Building | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes select the type(s):</i> | <input type="checkbox"/> Sprinkler System-Fire <input type="checkbox"/> Commercial Hood Suppression System <input type="checkbox"/> FM 200 or Clean Agent (Computer Rooms)<br><input type="checkbox"/> Fire Pump <input type="checkbox"/> Paint Booth <i>(Suppression)</i> <input type="checkbox"/> Fire Alarm<br><input type="checkbox"/> Other (please describe): _____ |
|--------------------------------------|--|---|

***With us there are no  
boundaries***



**VI. Affidavit of Ownership and Consent to Property Inspection**

I (WE), the undersigned have made application to the Charter Township of Waterford for land use matters to be considered and decisions made by the: Planning Commission and /or Zoning Board of Appeals that will affect use of our property identified below. In order to enable the members of such decision-making body to make an informed decision on our request, I (WE), do hereby consent to allow the members of the decision-making body to inspect the subject property up to the date of the meeting of the decision-making body at which such body issues its final decision on MY (OUR) request, provided that such inspections are limited to: • gathering information specific to the requested action, • typical hours of daily human activity, unless specified otherwise below, and • the following restrictions:

.....  
 .....  
 .....

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

Property Parcel No: \_\_\_\_\_

**All persons having ownership interest in above-referenced property must sign this document to authorize the filing of the application. Proof of ownership in the form of deed, land contract, letter of authority or tax bill is required.**

**Failure to obtain all ownership signatures may void any approvals. Ownership interest includes owners, all parties in land contracts, and all parties in purchase agreements. Additional signature pages may be attached for owners exceeding four in number.**

|    | <u>NAME</u> | <u>ADDRESS</u> | <u>EMAIL</u> | <u>TYPE OF OWNERSHIP INTEREST</u> | <u>SIGNATURE</u> |
|----|-------------|----------------|--------------|-----------------------------------|------------------|
| 1. | _____       | _____          | _____        | _____                             | _____            |
| 2. | _____       | _____          | _____        | _____                             | _____            |
| 3. | _____       | _____          | _____        | _____                             | _____            |
| 4. | _____       | _____          | _____        | _____                             | _____            |

***APPLICANT CERTIFICATION***

I do hereby swear all of the statements, signatures, descriptions and exhibits herewith submitted are true and accurate to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization.

\_\_\_\_\_  
 Name (Please Print)                      Address                      Telephone Contact                      Birth Date                      Drivers License #

Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 State of Michigan  
 County of \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

## VII. Submission Requirements

In addition to submission requirements below, all applications require proof of Ownership, Letters of Authority on behalf of the Owner, Taxes Paid, and the Hazardous Substances Reporting Form.

Fees charged for Change of Use and Concept Plan will be applied to the Site Plan fees under the same review.

When plans are submitted, one copy must be a full sized 36 x 24". All other copies must be 11" x 17" unless noted.

| Application Type                 | Requirements   | Explanation  |
|----------------------------------|--|--|
| <b>Business Registration</b>     | Application; \$100 fee   | All new businesses or occupants to a commercial space.                                       |
| <b>Change of Use</b>             | Application; Business Registration Fee; additional \$550 fee; Property Unit List of Multiple-Tenant properties   | Required if space is vacant or use type changes  |
| <b>Concept Plan</b>              | Application; \$550 fee; 1 digital and 1 physical copy of concept plan;   | Required prior to Planning Commission review for Minor / Major Site Plan or Special Approval |
| <b>Minor / Major Site Plan</b>   | Application; \$1,250 or \$1,550 fee per review type; 1 digital and 2 physical copies of 36 x 24" preliminary plan; 10 copies of 11" x 17" preliminary plan. 2 additional full size sets at Final Site Plan Review<br>May require additional Business Registration / Change of Use at time of occupancy | Required for Final Site Plan Review and any prior to any exterior improvements.              |
| <b>Special Approval</b>          | Application; \$1,000 fee (\$600 fee for modifications or renewals); Change of Use/Minor/ Major Site Plan requirements and fees as necessary<br>May require additional Business Registration at time of occupancy   | Potentially required based on use type per zoning district                                   |
| <b>Master Plan</b>               | Application; \$1,000 fee; detailed explanation of changes; 1 digital and 11 physical copies of application and supporting documents  | Request to modify the Master Plan  |
| <b>Rezoning / Text Amendment</b> | Application; \$1,200 fee; detailed explanation of changes; 1 digital and 11 physical copies of application and supporting documents  | Request to modify the zoning map or zoning ordinance text                                    |

| Plan Elements  | Concept | Preliminary |
|--|---------|-------------|
| A. Name, address and telephone number of property owner.   | ✓       | ✓           |
| B. Name, business address and contact information for all developers, engineers, attorneys, architects landscape architects, and registered land surveyors associated with the development of the concept plan.  | ✓       | ✓           |
| C. Title block with project name and address/location of site.   | ✓       | ✓           |
| D. North arrow.  | ✓       | ✓           |
| E. Scale.  | ✓       | ✓           |
| F. Legend.   | ✓       | ✓           |
| G. Revision block ( <i>month, day and year of original submittal and subsequent revisions</i> ).   | ✓       | ✓           |
| H. Existing zoning on subject parcel and neighboring properties.   | ✓       | ✓           |
| I. A certified survey completed by a State of Michigan Licensed Land Surveyor, which indicates the legal description and recorded and measured dimensions of the property lines and other pertinent data as prescribed in Public Act 132 of 1970, Certified Surveys, as amended. The plan shall be drawn in accordance with the dimensions shown on this survey.                             | ✓       | ✓           |
| J. The location, dimensions, and proposed usage of all proposed permanent and accessory buildings and structures to be constructed, maintained, and used on the site. For all proposed residential use components of the concept plan, also include the proposed density calculation and number of each type of dwelling unit ( <i>one-bedroom units, two-bedroom units, etc.</i> ).         | ✓       | ✓           |
| K. The location of all proposed transformer pads, dumpster enclosures and exterior appliance units on the site.  | ✓       | ✓           |
| L. The location of all proposed exterior lighting to be used on the site.  | ✓       | ✓           |
| M. The location of all proposed signs to be used on the site.  | ✓       | ✓           |
| N. The location of all proposed landscaped areas, open space, and outdoor recreation areas to be dedicated and maintained on the site.   | ✓       | ✓           |
| O. The location and addresses of buildings, uses and other significant features of immediately adjacent property within one hundred (100) feet of the subject zoning lot.  | ✓       | ✓           |
| P. Location of existing and proposed public and private rights-of-way, drives, drive approaches ( <i>including acceleration, deceleration and passing lanes</i> ), nonmotorized pathways, any other vehicular and pedestrian circulation features within and adjacent to the parcel, all parking and loading areas indicating type of surfacing, and outdoor display areas where applicable. | ✓       | ✓           |
| Q. Location of all wetland, floodplain, drainage course, and natural feature boundaries.   | ✓       | ✓           |
| D. Show all dimensional and numerical information, and three-dimensional details for items K through M listed under Concept Plan   |         | ✓           |
| E. Location map.   |         | ✓           |
| F. All required minimum setbacks from existing or proposed public or private rights-of-way and property lines.   |         | ✓           |
| G. Total lot area, net lot area, and buildable area of the zoning lot, as measured in square feet and acreage.   |         | ✓           |
| H. Grading plan.   |         | ✓           |
| I. The location, dimensions, and details for all walls, fences and berms as proposed and/or required by the Zoning Ordinance.  |         | ✓           |
| J. All curbing including size, type, location and detail.  |         | ✓           |
| K. The location, capacity, and details of all existing or proposed water, sanitary sewer, stormwater drainage, and other utilities serving the site with all information as required to conform with the Township Engineering Standards.   |         | ✓           |
| L. All existing easements and vacated easements and rights-of-way.   |         | ✓           |
| M. Front, side, and rear elevations of all proposed buildings.   |         | ✓           |
| N. All other items required by either the Zoning Official or the Building Official to comply with land regulation requirements contained in the <b>Waterford Code of Ordinances</b> .  |         | ✓           |

**VIII. Hazardous Substances Reporting Form**

Site Plan No. \_\_\_\_\_

*Note: This form must be completed and submitted as part of the site plan for all facilities.*

|                         |  |                |      |
|-------------------------|--|----------------|------|
| Business Name           |  | Business Owner |      |
| Mailing Address         |  |                |      |
| Location of Property    |  |                |      |
| Phone Number            |  | Sidwell Number |      |
| Owner Signature         |  |                | Date |
| Information Compiled By |  |                | Date |

**Part I: Management of Hazardous Substances and Polluting Material**

|   |  |
|---|--|
| <input type="checkbox"/> Y  | Will the proposed facility store, use or generate hazardous substances or polluting materials (including petroleum-based products) in quantities greater than 100 kilograms per month (about 25 gallons per month) now or in the future? If <b>yes</b> , please complete the rest of this form and submit with your site plan. If <b>no</b> , stop here and return to the Planning Department. |
| <input type="checkbox"/> N  |  |
| <input type="checkbox"/> Y  | Will hazardous substances or polluting materials be reused or recycled on site?  |
| <input type="checkbox"/> N  |  |
| <input type="checkbox"/> Y  | Will any hazardous substances or polluting materials be stored on the site? If <b>yes</b> , identify the storage location on the site plan. Describe the size and type of secondary containment structures here and as a detail on the site plan.  |
| <input type="checkbox"/> N  |  |
| .....   |  |
| <input type="checkbox"/> Y  | Will new underground storage tanks be located less than 2,000 feet from drinking water wells serving two (2) or more establishments, or less than 300 feet from a single family drinking water well? If <b>yes</b> , contact Michigan Department of Environment, Great Lakes, and Energy (586) 753-3700.   |
| <input type="checkbox"/> N  |  |
| <input type="checkbox"/> Y  | Will hazardous waste or liquid industrial waste be transported off-site for treatment, disposal and/or recycling? If <b>yes</b> , please list the name, address and telephone number of your licensed transporter(s)   |
| <input type="checkbox"/> N  |  |
| .....   |  |
| <input type="checkbox"/> Y  | Will the interior of the facility have general purpose floor drains?* If <b>yes</b> , will the floor drains connect to: (Check One)  |
| <input type="checkbox"/> N  |  |
| <input type="checkbox"/> Y  | <input type="checkbox"/> Sanitary Sewer System <input type="checkbox"/> On-Site Holding Tank; or   |
| <input type="checkbox"/> N  | <input type="checkbox"/> System authorized by state groundwater discharge permit, which requires monitoring. Contact Waterford Township Department of Public Works (248) 674-2278; and Michigan Department of Environment, Great Lakes, and Energy, Waste Management Division, Southeast Michigan District Office (586) 753-3700   |
| <i>*General purpose floor drains shall not be connected to a storm water drainage system, dry well or septic system.</i>  |  |
| <input type="checkbox"/> Y  | Will hazardous substances or polluting materials be stored, used or handled out of doors near storm drains which discharge into lakes, streams or wetlands? If <b>yes</b> , describe the type of catch basins or spill containment facilities which will be used and provide detail on the site plan.  |
| <input type="checkbox"/> N  |  |
| .....   |  |
| Additional information may be requested from the Township to assure the site plans comply with local, county and state environmental protection requirements. The Township may require Part II to be completed; only complete Part II if requested by the Township. <b>Part II on reverse side.</b> |  |

**Part II**

**Types and Quantities of Hazardous Substances and Polluting Materials Which Will Be Used, Stored or Generated On-Site**

Please list the hazardous substances and polluting materials (including chemicals, hazardous materials, petroleum products, hazardous wastes and other polluting materials) which are expected to be used, stored or generated on-site. Quantities should reflect the maximum volumes on hand at any time. Attach additional pages, if necessary, to list all hazardous substances and polluting materials.

|    | Common Name<br>(Trade Name) | Chemical Name<br>(Components) | Maximum Quantity on<br>hand at one time | Type of Storage Containers |
|----|-----------------------------|-------------------------------|---|----------------------------|
| 1. |                             |                               |   |                            |
| 2. |                             |                               |   |                            |
| 3. |                             |                               |   |                            |
| 4. |                             |                               |   |                            |
| 5. |                             |                               |   |                            |
| 6. |                             |                               |   |                            |

**Key**

Liq. = Liquid  
 DM = Drum(s)  
 S = Solid  
 G = Gas  
 P. G. = Pressurized Gas  
 TP = Portable Tank

AGT = Above Ground Tank  
 P. Liq. = Pressurized Liquid  
 UGT = Underground Storage Tank  
 CY = Cylinders  
 CM = Metal Container  
 CW = Wooden/Composition Container

**IX. Multi-Tenant Commercial Property Unit List** *(For multi-tenant properties only. To be filled out by property owner or management company)*

**Principle Property Name:** \_\_\_\_\_

**Principle Property Address:** \_\_\_\_\_

**Property Parcel Numbers:** \_\_\_\_\_

|  |                       |  |
|--|-----------------------|--|
|  | <b>Zoning</b>         |  |
|  | <b>Onsite Parking</b> |  |

| Unit Address | Business Name | Use Type | Unit Area | # Units Occup. | Gross Floor Area |
|--------------|---------------|----------|-----------|----------------|------------------|
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |
|              |               |          |           |                |                  |

| <b>Unit Address</b> | <b>Business Name</b> | <b>Use Type</b> | <b>Unit Area</b> | <b># Units Occup.</b> | <b>Gross Floor Area</b> |
|---------------------|----------------------|-----------------|------------------|-----------------------|-------------------------|
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |
|                     |                      |                 |                  |                       |                         |