



# ROYALTON TOWNSHIP

980 Miners Road  
St. Joseph, MI 49085

Phone: (269) 429-2501

## APPLICATION FOR SITE PLAN REVIEW

Location of Proposed Project: \_\_\_\_\_ Date: \_\_\_\_\_

Tax ID# (property): \_\_\_\_\_ Proposed Name of Project: \_\_\_\_\_

Total Property Size or Acreage: \_\_\_\_\_ Existing Zoning District: \_\_\_\_\_

Projected start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

If Located in a Development, Name of Development: \_\_\_\_\_

### APPLICANT

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

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State Relationship to Property Owner (If Different): \_\_\_\_\_

### OWNER (If Different)

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

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ENGINEER / ARCHITECT / DESIGNER (If Applicable)

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

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_ Existing Use of Adjacent Properties: \_\_\_\_\_

Signature of applicant : \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

A signed application shall grant right of entry onto the subject property to the Zoning Administrator, members of the Planning Commission, any and all representatives of the Township or other designees as necessary for the purpose of inspecting the property and reviewing the application.

-----*FOR OFFICE USE ONLY*-----

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Required Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_

