



City Staff Use Only	Project Name _____
	Project Number _____
	Review Fee Paid _____
	Escrow Fee Paid _____

**APPLICATION TO:  PLANNING COMMISSION  ZONING BOARD OF APPEALS**

224 W Buffalo St, New Buffalo, MI 49117 City Hall: 269-469-1500 Building Dept: 269-469-7144 Facsimile: 269-469-7917

**Instructions: Fill-in all blanks and 'X' applicable boxes (  ). Incomplete applications cannot be processed.**

***I. Applicant and Owner Information***

A) Applicant(s) principal contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E) Property owner(s) principal contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

B) Applicant(s) secondary contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

F) Architect (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

C) Agent or Attorney (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

G) Engineer (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

D) Is the property held in Trust\*:

Yes - Answer below  No - Skip below

Name of Trust \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

H) Applicant is (check one):

Property owner

Attorney

Agent

Engineer

Other: \_\_\_\_\_

\* Trusts:  Provide an attached statement from the trustee verifying the names of all the beneficial owners.

**II. Purpose of Application**

A) This application is a request for the following action:

- Rezoning of Property
- Subdivision Approval
- Site Plan Approval
- Rezoning Amendment
- Variance(s) Approval
- Special Use Approval
- Lot Split – Subdivision or Land Division
- Other: \_\_\_\_\_

B) The reasons for the requested action(s) are as follows:

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C) The specific section(s) of the City Zoning Ordinance or City General Ordinances which addresses the amendment, variance, or other action which is being requested:

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D) The following two questions are only for applications which contain a request for a zoning variance:

1. Are the conditions which prevent the development of the property the result of action by an individual who has or had a property interest in the subject property:     Yes         No
2. If the conditions were self-imposed (not hardship), explain why the variance should be granted:

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**III. Site and Surrounding Property Information**

A) Common address or property location of subject property:

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B) Legal description (attach an additional sheet if necessary):

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C) Permanent Real Estate Tax Identification Number: \_\_\_\_\_

D) Parcel Size: \_\_\_\_\_ Square feet  
 \_\_\_\_\_ Acres  
 \_\_\_\_\_ Dimension of lot frontage  
 \_\_\_\_\_ Dimension of lot depth

E) What are the current land uses and zoning on the property and the adjoining properties:

	Current zoning	Current land use
1. On Site:	_____	_____
2. Adjoining property:		
a) North of Site	_____	_____
b) South of Site	_____	_____
c) East of Site	_____	_____
d) West of Site	_____	_____

F) Describe any existing structures or other improvements and physical attributes of the site:

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**IV. Description of the Proposed Development**

A) Please describe the proposed use of the land and/or building assuming approval of the request:

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B) What is the proposed time frame for the build-out of this development: \_\_\_\_\_

C) For each intended use please fill-in the number of buildings, square footage of each building, the total square footage of the development, and the required number of parking spaces; as well as the number and size of the water and the sewer connections:

Building Use	Number of Buildings	Building Area (sq ft)	Total Building (sq ft)	Required Parking Spaces	Water Connections and Sizes	Sewer Connections and Sizes
Single Family R-1						
Two Family R-2						
Mufty-Family R-3						
Central Business CBD						
Gen. Commercial GCD						
Waterfront Marina WM						
General Industrial I-1						
TOTAL						

D) If this application is for a development please provide information concerning the amount of traffic and the proposed road configuration it will have:

- 1) Average daily traffic count for the proposed development: \_\_\_\_\_
- 2) Peak traffic flow count for the proposed development: \_\_\_\_\_
- 3) How many lineal feet of roadway is proposed to be developed: \_\_\_\_\_
- 4) How many cul-de-sacs will be constructed as part of this project: \_\_\_\_\_
- 5) How many curb cuts to City, County or State roads are proposed: \_\_\_\_\_

E) Does the request contemplated in this application concern any hazardous materials:  
 No     Yes – describe the type and quantity of materials (attach extra pages if necessary):

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**VII. Signature and Declaratory Statement**

A) Required attendance at public hearing(s) and/or meeting(s): The Planning Commission and Zoning Board of Appeals (ZBA) have established a policy requiring the applicant or a designated representative of the applicant to be present at any meeting or public hearing at which their application is to be considered. Failure of the applicant or designee of the applicant to appear may postpone consideration of the application by the Planning Commission or ZBA.

B) Declaratory Statement:

I, \_\_\_\_\_, hereby certify that all information contained in this application and accompanying documentation is true and correct to the best of my knowledge and further, I acknowledge the required attendance of the applicant as set forth in paragraph A above. I furthermore grant permission for identified members of the City of New Buffalo's Planning Commission or Zoning Board of Appeals to visit the site(s) referenced in this application.

C) Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D) Notary Public Certification Statement:

I, \_\_\_\_\_, Notary Public in and for the State of Michigan this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the above captioned applicant appeared before me and under oath, stated that all matters contained in this application are true.

My commission expires: \_\_\_\_\_

**VIII. City Staff Review**

A) Fire Department approval of Site and Building Plans, except for single family dwellings: This application and associated documentation must be reviewed by the Fire Chief or his designee, which can be arranged by calling the Fire Department: 269-469-4993.

Review Date: \_\_\_\_\_

Approval:  Yes  No Signature: \_\_\_\_\_

Conditions:  Attached  None Title: \_\_\_\_\_

B) Note to applicant: The original application must be filed in the Office of the Zoning Administrator, where the following signatures are required for verification that this is a complete and valid application to be considered by the Planning Commission or the Zoning Board of Appeals.

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Initial meeting date: \_\_\_\_\_