



# Site Plan Review Application

Application Fee \$300  
Additional Fees May Apply

*The Village of Friendliness – Since 1870*

## Property Information:

Address or Location: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Size: \_\_\_\_\_

Zoning District – Current: \_\_\_\_\_ Proposed Zoning District (if applicable): \_\_\_\_\_

Existing Use of Building/Property: \_\_\_\_\_ Special Use (if applicable): \_\_\_\_\_

Type of Project (Residential or Commercial): \_\_\_\_\_

Describe Proposed Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_

## Site Plan Review Application Requirements

Yes, I have read the City of Douglas Zoning Ordinance Article 24 Site Plan Review

Y N N/A

Completed Site Plan Review application

Plot Plan

Legal Description

Narrative Description

I \_\_\_\_\_ hereby state that all the above statements and all the accompanying information are true and correct.

\_\_\_\_\_  
Signature of Owner/General Contractor

\_\_\_\_\_  
Date

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

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

**FOR INTERNAL USE ONLY**

**CITY OF DOUGLAS ZONING REVIEW**

Approved  Conditional Approval  Denied  Permit Number \_\_\_\_\_

Rationale \_\_\_\_\_

Fee Paid  Plot Plan Submitted  Application Complete  Legal Description Included  Narrative Description Included   
MDEQ Permit Required  Allegan Health Dept. Permit Required

Plans sent to Saugatuck Township Fire Department on: \_\_\_\_\_ Approved on: \_\_\_\_\_

Plans reviewed by Planning Commission on: \_\_\_\_\_ Approved on: \_\_\_\_\_ (Attach Minutes)

Submitted By: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_  
City Staff (Initials) & Delivery Method KLSWA Representative

Submitted By: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_  
City Staff (Initials) & Delivery Method MTS Representative

\_\_\_\_\_  
*Signature of Planning & Zoning Administrator* *Date*

**KALAMAZOO LAKE SEWER AND WATER AUTHORITY REVIEW**

Connection to Water / Wastewater System (Subject to appropriate connection and inspection fees)

Approved  Conditional Approval  Denied  Permit Number \_\_\_\_\_

Rationale \_\_\_\_\_

Street and Number \_\_\_\_\_

\_\_\_\_\_  
*Signature of KLSWA Administrator* *Date*

P012092021PZ