

**LONDON TOWNSHIP  
APPLICATION FOR SITE PLAN REVIEW**

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

Application No. \_\_\_\_\_

**NOTICE TO APPLICANT:** Applications for Site Plan Review by the Planning Commission must be submitted to the Township *in substantially complete form* at least one (1) month prior to the Planning Commission's meeting at which the proposal will be considered. The application must be accompanied by the data specified in Article 12, Section 12.01, Site Plan Review, including twelve (12) individual folded copies of the fully dimensioned site plan drawn to an engineer's scale appropriate for a sheet size of at least 24x36 inches, plus the required review fees. Regular meetings of the Planning Commission are held on the first Monday of each month (unless otherwise noted in the Township Hall), at 7:30 p.m. All meetings are held at the London Township Municipal Building, 13613 Tuttlehill Road, Milan, Michigan 48160. Phone number (734) 439-1984.

**PLEASE PRINT LEGIBLY**

|  |                     |                        |
|--|---------------------|------------------------|
| <b>Applicant:</b> _____                                    |                     |                        |
| <b>Address:</b> _____                                      |                     |                        |
| <b>City:</b> _____   | <b>State:</b> _____ | <b>Zip Code:</b> _____ |
| <b>Phone:</b> _____  | <b>Fax:</b> _____   |                        |
| <b>Email:</b> _____  |                     |                        |
| <b>Property Owner (if different from Applicant):</b> _____ |                     |                        |
| <b>Address:</b> _____                                      |                     |                        |
| <b>City:</b> _____   | <b>State:</b> _____ | <b>Zip Code:</b> _____ |
| <b>Phone:</b> _____  | <b>Fax:</b> _____   |                        |
| <b>Email:</b> _____  |                     |                        |

|  |                    |
|--|--------------------|
| <b>Location of Property:</b> _____<br>(Attach legal description) |                    |
| <b>Parcel Number(s):</b> _____                                   |                    |
| <b>Existing Zoning:</b> _____                                    | <b>Area:</b> _____ |
| <b>Present Use of Property:</b> _____                            |                    |

**Provide a detailed description of the proposed development (Attach more papers if necessary):**

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**Professionals Who Prepared Plans:**

**A. Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Primary Design Responsibility:** \_\_\_\_\_

**B. Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Primary Design Responsibility:** \_\_\_\_\_

**INCLUDE THE FOLLOWING:**

1. Twelve (12) folded copies of the plans in a manner consistent with Article 12, Section 12.01, Site Plan Criteria.
2. Proof of property ownership.
3. Review comments or approval received from county, state or federal agencies that have jurisdiction over the project, including but not limited to:
  - ❖ Monroe County Road Commission
  - ❖ Monroe County Health Department
  - ❖ MI Department of Transportation
  - ❖ U.S. Army Corps of Engineers
  - ❖ Monroe County Drain Commissioner
  - ❖ MI Department of Natural Resources
  - ❖ MDEQ
  - ❖ FEMA

**PLEASE NOTE:** The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the case may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a Site Plan application or to revoke any permits granted subsequent to approval.

**APPLICANT'S ENDORSEMENT:**

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that my application will not be reviewed unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

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Signature of Applicant

Date

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Signature of Applicant

Date

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Signature of Property Owner Authorizing this Application

Date

**TO BE COMPLETED BY THE TOWNSHIP**

Case No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

Date of Public Hearing (if applicable): \_\_\_\_\_

**PLANNING COMMISSION ACTION (RECOMMENDATION)**

To Approve: \_\_\_\_\_ To Deny: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Reasons for Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP BOARD ACTION**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Reasons for Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_