

File #: \_\_\_\_\_

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

**CHARTER TOWNSHIP OF LYON**  
***APPLICATION FOR ADMINISTRATIVE REVIEW***

**NOTICE TO APPLICANT:** Applications for an Administrative Review must be submitted to the Township *in substantially complete form*, including the required fees, prior to the application being reviewed. Submit applications to Lyon Township, 58000 Grand River Avenue, New Hudson, Michigan, 48165. Phone number 248-437-2240. Fax number 248-437-2336.

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**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request an Administrative Review and provide the following information to assist in the review:

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Property Owner(s) (if different from Applicant): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Applicant's Legal Interest in Property: \_\_\_\_\_

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**LOCATION OF PROPERTY:**

Street Address: \_\_\_\_\_

Nearest Cross Streets: \_\_\_\_\_

Sidwell Number: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

If all or part is a recorded plat, provide lot numbers and subdivision name. If all or part is a condominium, provide unit numbers and condominium name. If all or part of the property is not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Size (Square Feet): \_\_\_\_\_ (Acres): \_\_\_\_\_

**EXISTING ZONING** (please check):

- |  |  |
|--|--|
| <input type="checkbox"/> New Hudson Zoning District                | <input type="checkbox"/> B-1 New Hudson Development District |
| <input type="checkbox"/> R-1.0 Residential – Agricultural District | <input type="checkbox"/> B-2 Community Business District     |
| <input type="checkbox"/> R-0.5 Single Family Residential District  | <input type="checkbox"/> B-3 General Business District       |
| <input type="checkbox"/> R-0.3 Single Family Residential District  | <input type="checkbox"/> I-1 Light Industrial District       |
| <input type="checkbox"/> RM-1 Suburban Township District           | <input type="checkbox"/> I-2 General Industrial District     |
| <input type="checkbox"/> RM-2 Multiple Family Residential District | <input type="checkbox"/> P-1 Vehicular Parking District      |
| <input type="checkbox"/> MHP Mobile Home Park District             | <input type="checkbox"/> PD Planned Development District     |
| <input type="checkbox"/> O-1 Office District                       | <input type="checkbox"/> RO Research Office                  |

Present Use of Property: \_\_\_\_\_

\_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

\_\_\_\_\_

Is the property located within a Wellhead Protection Area? \_\_\_\_\_ Yes \_\_\_\_\_ No



**PROFESSIONALS WHO PREPARED PLANS:**

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Design Responsibility (engineer, surveyor, architect, etc): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Design Responsibility: \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Design Responsibility: \_\_\_\_\_

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**ATTACH THE FOLLOWING:**

1. Six (6) individually folded copies of the site plans. If deemed necessary by the Township Planner, the plans shall be sealed by a registered architect, engineer, landscape architect, or community planner.
2. A PDF file of the site plans (only required if the hard copies submitted of the site plan are larger than 11" x 17")
3. A brief written description of the existing and proposed uses, including where applicable, but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.
4. Proof of property ownership (title insurance policy or registered deed with County stamp).
5. Review comments or approvals received from other agencies that have jurisdiction over the project, including, but not limited, to:

- |  |   |
|--|---|
| <input type="checkbox"/> Road Commission for Oakland County    | <input type="checkbox"/> Oakland County Water Resources Commission      |
| <input type="checkbox"/> Oakland County Health Division        | <input type="checkbox"/> Mich. Dept. of Natural Resources & Environment |
| <input type="checkbox"/> Michigan Department of Transportation | <input type="checkbox"/> Michigan Department of Environmental Quality   |

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**PLEASE NOTE:** 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 the site plan approval.

**APPLICANT'S ENDORSEMENT:**

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that Lyon Township will not review my application unless all information in this application and the Zoning Ordinance has 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 site plan application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature of Property Owner Authorizing this Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Name (Print)

<b>TO BE COMPLETED BY THE TOWNSHIP</b>		Case #: _____
Date Submitted: _____		Fee Paid: _____
Received By: _____		