

File #: _____

Date Submitted: _____

CHARTER TOWNSHIP OF LYON
APPLICATION FOR AN AMENDMENT TO A PLANNED DEVELOPMENT

NOTICE TO APPLICANT: Applications for an Amendment to a Planned Development for review by the Planning Commission must be submitted to the Township *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission's meeting at which the proposal will be considered for scheduling of a public hearing. Regular meetings of the Planning Commission are held on the second Monday of the month at 7:00 p.m. Regular meetings of the Township Board are held on the first Monday of the month at 7:00 p.m. All meetings are held at the Lyon Township Hall, 58000 Grand River Avenue, New Hudson, Michigan, 48165. Phone number: 248-437-2240. Fax number: 248-437-2336.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request an Amendment to a Planned Development (PD) and provide the following information to assist in the review:

PD 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: _____

LOCATION OF PLANNED DEVELOPMENT:

Nearest Cross Streets: _____

Sidwell Number(s) _____

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: _____

SUBMIT THE FOLLOWING:

1. Six (6) individually folded copies of the site plans measuring 24" x 36", sealed by a registered architect, engineer, landscape architect, or community planner. If only certain parcels would be affected by the proposed PD amendment, you must indicate those parcels on an overlay plan.
2. A PDF file of the site plans.
3. Six (6) copies of the amended PD Agreement.
4. Proof of property ownership for those portions of the PD being amended.
5. Review comments or approvals received from other agencies that have jurisdiction over the project, including, but not limited, to:

- Road Commission for Oakland County
- Oakland County Water Resources Commission
- Oakland County Health Division
- Mich. Dept. of Natural Resources & Environment
- Michigan Department of Transportation
- Michigan Department of Environmental Quality

PLEASE NOTE: The applicant, or a designated representative, **MUST BE PRESENT** at all scheduled meetings, or the site plan review 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 the PD Amendment or to revoke any permits granted subsequent to the approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission 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 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)

TO BE COMPLETED BY THE TOWNSHIP Case #: _____

Date Submitted: _____ Fee Paid: _____

Received By: _____