

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

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

**CHARTER TOWNSHIP OF LYON**  
**APPLICATION FOR SUBDIVISION OR SITE CONDOMINIUM APPROVAL**

**NOTICE TO APPLICANT:** Applications for approval of a subdivision or site condominium must be submitted to the Township *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission or Township Board meeting at which the proposal will be reviewed. The application must be accompanied by the data requirements specified in the Subdivision Ordinance, including fully dimensioned plans or plats, plus the required review fees. Regular meetings of the Planning Commission are held on the second and fourth Mondays 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.

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**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request consideration of my (our) subdivision or site condominium proposal 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: \_\_\_\_\_

**LOCATION OF PROPERTY:**

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

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: \_\_\_\_\_

\_\_\_\_\_

Total Number of Lots or Condominium Units Proposed: \_\_\_\_\_

Proposed Land Use (specify the number of acres to be allocated to each use):

Land Use	Acreage	Percent of Total Area
Within boundaries of proposed lots		
Road right-of-way		
Open space		
Stormwater detention or retention		
Wetlands		

**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 plans, sealed by a registered architect, engineer, landscape architect, or community planner, plus six (6) copies of other required documentation.
2. A PDF file of the plans.
3. Proof of property ownership (title insurance policy or registered deed with County stamp).
4. Review comments or approval received from county, state, or federal agencies that have jurisdiction over the project, including, but not limited, to:

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

**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 this 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 and Subdivision 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: _____		