

Village of Lake Orion

21 E. Church Street Lake Orion, Michigan 48362 Tel 248.693.8391 Fax 248.693.5874 www.lakeorion.org

SITE PLAN and / or SPECIAL LAND USE APPLICATION

PROPERTY INFORMATION Site Address: Parcel ID # (Refer to Tax Bill): Zoning District: PROPERTY OWNER INFORMATION Name: ______ Address, City, Zip: _____ Phone #: Owner E-Mail **APPLICANT INFORMATION** (If applicant is **NOT** property owner) Name: ______Address, City, Zip: _____ Phone #: Applicant E-Mail Applicant is: (i.e. contractor or business owner or architect, etc.) APPLICANT REQUEST Site Plan Approval: Use Permitted After Special Approval: _____ Use Type Requiring Special Approval: **REQUIRED INFORMATION** Please place your initials below to acknowledge that all applicable items are included with your application. 1) Final Site Plan. Two (2) Copies not less than 24 inches by 36 inches in size that meet the requirements of Section 19.02.D.Including, but not limited to: a. Dimensioned floor plans and building elevations b. Hard surface plan identifying parking areas with dimensions and number of spaces provided c. General landscape and lighting plan d. Location of trash receptacle and method of screening _____ 2) Project Narrative. A Narrative must accompany Special Land Use applications that identifies the detailed use of the property under review. 3) Property Owner Verification. 4) Digital copies of all documents. (Digital copies are used for Planning Commission review. They may be submitted via email to the Planning & Zoning Coordinator at zoning@lakeorion.org, through Dropbox, or using an external USB drive.) 5) Village, Planning, Engineering, and Attorney fees as necessary.

By signing below you acknowledge all of the following:

- The undersigned acknowledges that any lack of information which may result in a delay of the review process is the sole responsibility of the applicant.
- The undersigned deposes that the forgoing statements and answers and accompanying information are true and correct.
- The undersigned hereby authorizes Village representatives to enter the subject property in connection with this application, if necessary.

| Signature of Property Owner: Signature of Applicant/Contractor: | Date: | |
|---|-------|--|
| | Date: | |
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| TO BE COMPLETED BY VILLAGE STAFF: | | |
| Date Received: | | |
| # of Hard Copies Received: | | |
| Electronic Copies Included: Y / N | | |
| Fee: Receipt #: | | |
| Anticipated Meeting Date: | | |