

EUREKA TOWNSHIP
MICHIGAN

Phone: ___ Fax: _____

APPLICATION FOR ZONING SITE PLAN APPROVAL

Property Owner or Business: _____ Telephone: _____

Owner Mailing Address: _____ E-mail: _____

Applicant/Agent Name (if different than Owner)* _____ Telephone: _____

Applicant Mailing Address _____ E-mail: _____

Location of Property: _____

Property No. : _____

Site Plan Requested for:

RESIDENTIAL (circle) New House Mobile Home Addition/alteration Multi-family
Site Condo. PUD Accessory/Storage Bldg. Demolition
Private Driveway Private Road
Other:

COMMERCIAL (circle) New Commercial Addition/Alteration Accessory/Storage Bldg.
Repair Demolition Other:

INDUSTRIAL (circle) New Industrial Addition/Alteration Accessory/Storage Bldg.
Repair Demolition Other:

OTHER Special Land Use – non conforming (Explain):

Note: For a list of Special Land Uses see Chapter 11 of the Eureka charter Township Zoning Ordinance.

DESCRIBE PROJECT (ie: New House with basement, garage, rear deck, front porch **OR** Restaruant onestory seating 120, fence, pool, Home Based Business, signage, etc.)

Utilities: City of Greenville Water/Sewer Individual/Private and Septic

Are there any other existing structures on this property? If so, please identify:

ATTACH SITE PLAN – Applicant shall provide a site plan, accurately and neatly drawn to scale showing the property boundaries, proposed building location, any existing buildings, proposed and/or existing utility services, driveway, private road, or street access location and method of storm drainage. The outside dimensions of the proposed new building or addition and its distances from the front, rear and side boundaries of the lot shall be shown. (New house or addition – 3 complete sets of plans., Commercial/Industrial – 6 complete sets of Plans)

* If the applicant/agent is other than the property owner, proof of owner’s consent is required. Owner’s signature proves consent. The applicant/agent will be the liaison with the Township and will be the party to receive official notice. Notice communicated to the applicant/agent will be deemed communicated to the owner. By signing this application, the applicant/agent is consenting to the designation for these purposes.

SIGNATURE OF PROPERTY OWNER _____ Date: _____

SIGNATURE OF APPLICANT/AGENT _____ Date: _____

OFFICE USE ONLY

Zoning District: _____

The district minimum zoning requirements for the proposed use along with related planning staff review information is provided on attached sheet:

Zoning Site Plan (circle one) **APPROVED/DENIED** (Decision for denial to be detailed on attached)

Approval Comments/Conditions _____ By _____

Review Date: _____ Review Fee Collected\$ _____ Issued Date _____ Permit number _____

Form Approval Good for One (1) Year From Date of Approval