

**EUREKA CHARTER TOWNSHIP**

Phone: 616-754-5053 Fax: 616-754-4760

Updated: 2-20-18

**APPLICATION FOR ZONING SITE PLAN APPROVAL**

**Property Owner or Business:** \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant/Agent Name** (if different than Owner) \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Property Number:** \_\_\_\_\_

*Site Plan Requested for:* (place a check in the appropriate spot)

**RESIDENTIAL:** New House \_\_\_\_ Mobile Home \_\_\_\_ Addition/Alteration \_\_\_\_ Multi-family \_\_\_\_  
Site Condo \_\_\_\_ PUD \_\_\_\_ Accessory/Storage Bldg. \_\_\_\_ Repair/Demolition \_\_\_\_  
Private Driveway \_\_\_\_ Private Road \_\_\_\_ Other: \_\_\_\_\_

**COMMERCIAL:** New Commercial \_\_\_\_ Addition/Alteration \_\_\_\_ Repair/Demolition \_\_\_\_  
Accessory/Storage Bldg. \_\_\_\_ Other: \_\_\_\_\_

**INDUSTRIAL:** New Industrial \_\_\_\_ Addition/Alteration \_\_\_\_ Repair/Demolition \_\_\_\_  
Accessory/Storage Bldg. \_\_\_\_ 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** (i.e. New house with basement, garage, rear deck, front porch **OR** restaurant one story seating 120, fence, pool, home based business, signage, etc.) \_\_\_\_\_

Utilities: City of Greenville Water/Sewer \_\_\_\_ Individual/Private 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 \_\_\_\_\_

Approval Given By: \_\_\_\_\_

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

**Send Copy to Assessor upon Approval**

**Form Approval Good for One (1) Year from Date of Approval**