

HOWELL TOWNSHIP
Application for Site Plan Review

3525 Byron Road Howell, MI 48855
Phone: 517-546-2817 ext. 108
Email: inspector@howelltownshipmi.org

Date_____

File #_____

Applicant Name _____

Parcel ID # 4706-_____-_____-_____

Location of Property_____ Current Zoning Classification _____

Existing Use_____ Proposed Use _____

Check One:

Preliminary Site Plan Review (20.06)

Final Site Plan Review (20.07)

Temporary Use (14.25)

Commercial/Industrial Development

Subdivision/Site Plan Condo

Multi-Family/Condo

Planned Unit Development (PUD) Type: 1 2 3 4 5

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File # _____

Parcel ID # 4706-_____-_____-_____

Date _____

Applicant Name _____ Applicant Address _____

Phone _____ Fax _____ Email _____

Property Owner Name _____

Phone _____ Fax _____ Email _____

Please list all recipients to receive information and/or reports:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Applicant needs to provide the following site plan drawings along with a completed application: three (3) full size copies, nine (9) - 11 x 17" copies, and an electronic set (either on an USB drive or provide an online link) for the preliminary and final site plan drawings.

The site plan is to contain the following information or the drawing submitted under the Land Use Permit can be utilized if it also contains the following information and is accurately drawn to scale:

- a. The date, north arrow and scale. The scale shall be not less than 1" = 20' for property under three (3) acres and at least 1" = 100' for those (3) acres or more.
- b. Statistical data including number of dwelling units, size of dwelling units, if any, and total gross acreage involved. In the case of a mobile home park, the size and location of each mobile home site shall be shown.
- c. The location and height of all existing and proposed structures on and within 100' of the subject property's boundary.
- d. All lot and/or property lines are to be shown and dimensioned, including building setback lines on corner lots.
- e. The location and dimensions of all existing and proposed drives, sidewalks, curb openings, signs, exterior lighting, curbing, parking areas (show dimensions of a typical parking space), unloading areas and recreation areas.
- f. Vehicular traffic and pedestrian circulation features within and without the site.
- g. The location of all proposed landscaping, fences, or walls.
- h. Size and location of existing and proposed utilities, including proposed connection to public sewer or water supply system.
- i. A location map indicating the relationship of the site to the surrounding land uses.
- j. The location and pavement width and right-of-way width of all abutting roads, streets, alleys, or easements.
- k. Show properties and respective zoning abutting the subject property.
- l. The location and size of all surface water drainage facilities.
- m. Contour intervals shall be shown at a maximum of 2' intervals, with 1' intervals preferred for topographic features of the site.

By signing below the applicant understands and acknowledges the following statements:

- a. The Planning Commission has sixty (60) days from filing date to approve or deny site plan.
- b. Approval of preliminary site plan is valid for a period of one (1) year from date of approval.
- c. A one (1) year extension may be granted upon written request of the applicant and approval by the Planning Commission.
- d. Approval of preliminary site plan shall expire one year after approval of final site plan unless zoning permit has been obtained.
- e. Approval of the final site plan expires six (6) months after approval unless a land use permit application is applied for and granted.

- f. The final site plan approval shall expire one (1) year following the date of approval unless construction has begun on the property in accordance with the plan.
- g. Applicant may appeal the Planning Commission's ruling of the final site plan to the Board of Appeals within ten (10) days of the Planning Commission's decision on all matters except use of the land, use of buildings, or structures.
- h. The Planning Commission has sixty (60) days from the date of the Planning Commission meeting at which the final site plan was received to approve or deny the final site plan.
- i. Improvements not in conformance with the final site plan shall be deemed a violation of the ordinance and be subject to the penalties of the ordinance.
- j. Sewer system and water system tap in fees, if applicable, must be paid prior to issuance of a land use permit.

Applicant hereby deposes and says that all the above statements and information contained in this application and any statements submitted herewith or on the site plan are true and accurate.

Owner Signature

Print Name

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____ County, Michigan

My Commission Expires: _____, 20_____.

HOWELL TOWNSHIP
REQUEST FOR PRE-CONFERENCE

3525 Byron Road Howell, MI 48855
Phone: 517-546-2817 ext. 108
Email: inspector@howelltownshipmi.org

PARCEL ID# 4706-_____-_____-_____

DATE:_____

NAME /TITLE OF APPLICANT: _____

BUSINESS NAME: _____ OWNER: _____

ADDRESS: _____

PHONE: _____ E-MAIL _____

TYPE OR NATURE OF BUSINESS:

LOCATION OF PROPERTY: _____

STATE BRIEFLY THE REASON FOR PRE-CONFERENCE:

CHECK PERSON(S) REQUESTED TO ATTEND:

TOWNSHIP PLANNER **\$350** PER HOUR

TOWNSHIP ENGINEER – **AS BILLED**

MAKE CHECK PAYABLE TO HOWELL TOWNSHIP
CHECK MUST BE RECEIVED **PRIOR** TO MEETING

Howell Township Reimbursement Agreement

The applicant accepts responsibility for all expenses at actual cost for professional services related to the application required by the Township for the issuance of any permits, approvals, reviews and attendance at meetings by the Township's Planner, Landscape Architects, Legal Counsel, Engineering and Administrative Staff, over and above the fees listed in the Howell Township fee schedule.

Information for Additional Billing:

Name _____ Address _____

Phone _____ Email _____

I have read and agree to the reimbursement agreement as presented between myself/my company and Howell Township.

Applicant Signature _____ Date _____

Notary Public
_____ County, Michigan
My Commission Expires: _____

Owner Signature _____ Date _____

Notary Public
_____ County, Michigan
My Commission Expires: _____

HOWELL TOWNSHIP
Industrial/Commercial Sewer Audit User Survey

3525 Byron Road Howell, MI 48855
Phone: 517-546-2817 ext. 108
Email: inspector@howelltownshipmi.org

Parcel ID #: 4706-____-____-____

Date_____

Corporate Name_____ Corporate Address_____

Facility Name_____ Facility Address_____

Name and Title of Applicant_____

Phone_____ Fax_____ Email_____

Date this Company First Opened for Business_____

I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. If operational changes result in modifications to this questionnaire, please notify Howell Township.

Signature_____

Date_____

Print Name and Title_____

1. What type of work is performed at this location?

2. Are operations subject to seasonal variation? Yes No
If yes, indicate seasonal dates, number of personnel, shifts and flow:

3. Number of bathrooms, toilets, urinals, sinks:

4. What types of wastes do you discharge to the sanitary system?

Sanitary Only

Wash Water

Rinse Water

Process Water

Scrubber Water

Cooling Water

Other, explain: _____

5. Does a third-party haul waste from your facility to be treated off-site?

No

Yes

If yes:

Name of Industrial Waste Hauler _____

License Number _____ Last Pick-up Date _____ Amount _____

Types of Waste _____

6. Hazardous Material Information:

Do you, or will you, use or store any acids, bases, or hazardous materials that are listed on the attached Priority Pollutants/Critical Materials list and are of a quantity larger than 5 gallons?

No

Yes

7. Do you, or will you, discharge any of the above mentioned materials to the sanitary sewer?

No

Yes

If yes, list pollutants and amounts on the following table (attach additional pages if necessary)

Material	Volume	Type of Storage	Location

8. Are there any floor drains located near chemical?

No

Yes

9. Do you have any grease traps?

No Yes If yes, how many? _____

10. Does your industry pre-treat the wastewater produced before discharging it into the sewer?

No Yes

If yes, explain _____

11. Has your industry ever had your wastewater tested by a lab?

No Yes

If yes, what were the results (attach lab reports):
