

APPLICATION FOR SITE PLAN REVIEW – Accessory Dwelling Unit

Almira Township
7276 Ole White Drive
Lake Ann, MI 49650
(231)275-5862

Application No. _____
Fee: _____
Received: _____

Applicant

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: (____) _____
Property Parcel # 10-01- _____
Property Address: _____

Agent

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: (____) _____

Note: Under Section 7 – Site Plan Review, conditions may be required by the Planning Commission.

****Before a permit may be issued, ALL of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.**

Check if Provided:

- _____ 1. Confirmation that Association By-Laws or Deed Restrictions do not prohibit Accessory Dwelling Units.
- _____ 2. Proof of ownership, survey and/or legal description.
- _____ 3. Zoning Classification of the subject parcel and adjoining parcels.
- _____ 4. A site plan showing existing structures, setbacks, off street parking, driveways within 100 feet.
- _____ 5. Indicate whether Accessory Dwelling Unit will be:

An accessory building _____ or Part of the principal dwelling _____
- _____ 6. Indicate which dwelling shall be occupied by owner of record:

Principal dwelling _____ or Accessory dwelling _____
- _____ 7. If Accessory Dwelling Unit will be serviced by an Existing septic system, provide most recent pumping record and an evaluation by the Benzie/Leelanau District Health Department regarding system capacity and suitability.
- _____ 8. If Accessory Dwelling Unit will be serviced by an Existing well, provide most recent domestic water quality report.

I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. I understand that I must meet all applicable Federal, and State code requirements including Almira Township Ordinances.

Applicant Signature: _____ **Date:** _____

Township Action: Approved: _____ **Denied:** _____ **Date:** _____

Planning Commission: _____ **Zoning Administrator:** _____

Special Restrictions or Conditions: _____