



GENERAL APPLICATION FORM

NOTICE TO APPLICANT: Applications must be submitted to the City *in substantially complete form*. The application must be accompanied by the data specified in the Zoning Ordinance and Application Completion Checklist, plus the required review fees.

DATE:		PROJECT ADDRESS/NAME:	
APPLICATION TYPE			
Please check the box or boxes for the type of application you are submitting.			
<input type="checkbox"/> Site Plan <input type="checkbox"/> Rezoning <input type="checkbox"/> Special Land Use <input type="checkbox"/> Planned Unit Development (PUD) <input type="checkbox"/> Condominium Development <input type="checkbox"/> Manufactured Home Development <input type="checkbox"/> Plat Review <input type="checkbox"/> Landscape Plan Review		<input type="checkbox"/> Non-use (Dimensional Variance) <input type="checkbox"/> Use Variance <input type="checkbox"/> Land Division (Lot Split) <input type="checkbox"/> Land Combination (Lot Combination) <input type="checkbox"/> Master Deed or Similar Document Review <input type="checkbox"/> Zoning Verification Letter <input type="checkbox"/> Other _____	
APPLICANT		TITLEHOLDER OF PROPERTY (if different than Applicant)	
LEGAL NAME:		LEGAL NAME:	
COMPANY:		COMPANY:	
MAILING ADDRESS:		MAILING ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
<i>By signing above, it is agreed that: I hereby certify that the information given herein, and that all information and data furnished in connection with this application, is true and correct. I acknowledge that I am solely responsible for any and all errors and omissions.</i>			

**Community Development Department
City of River Rouge, Michigan**



PARCEL ID (PROPERTY TAX ID) NUMBERS	ACREAGE
PROPERTY TAX ID NUMBER(S): # # # #	TOTAL ACREAGE IMPACTED BY DEVELOPMENT: Gross: Net:
ZONING DISTRICT	LAND USE
CURRENT ZONING:	CURRENT LAND USE:
PROPOSED ZONING:	PROPOSED LAND USE:

PROPERTY LEGAL DESCRIPTION
PROPERTY DESCRIPTION: If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., Acreage parcel), provide metes and bounds description. Attach separate sheets if necessary.

ENVIRONMENTAL INFORMATION	
Please check all items that are relevant for your project. The Community Development Department will notify you if you are required to appear before the Environmental Protection Board for any items.	
<input type="checkbox"/> Storage of hazardous materials <input type="checkbox"/> Storage of waste <input type="checkbox"/> Treatment of hazardous materials <input type="checkbox"/> Treatment of waste <input type="checkbox"/> Disposal of hazardous materials <input type="checkbox"/> Disposal of waste <input type="checkbox"/> Use of underground storage tanks <input type="checkbox"/> Use of above ground storage tanks	<input type="checkbox"/> State or County permits for environmental activity <input type="checkbox"/> State or Federal permits for air or water discharges <input type="checkbox"/> Federal RCRA or other environmental permits <input type="checkbox"/> Use of hazardous chemicals

**Community Development Department
City of River Rouge, Michigan**



PROFESSIONALS WHO PREPARED PLANS		
ENGINEERING	ARCHITECTURE	OTHER _____
NAME:	NAME:	NAME:
COMPANY:	COMPANY:	COMPANY:
MAILING ADDRESS:	MAILING ADDRESS:	MAILING ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:
EMAIL:	EMAIL:	EMAIL:
OTHER ESSENTIAL INFORMATION		
<p>If you would like to mention any other essential information, such as your future plans to apply for another type of review for this property, please write about it here.</p>		
FOR CITY USE ONLY		
PROJECT NAME:		
APPLICATION NUMBER:		
FEE PAID Yes/No: Date Paid: Check #: Check Amount (\$):		
ANTICIPATED FEE BREAKDOWN Planning: Engineering: Building/City: TOTAL ANTICIPATED FEE:		
OTHER NOTES:		