

**OAKFIELD TOWNSHIP
PLANNING COMMISSION & ZONING BOARD OF APPEALS**

Checklist for Hearings and Site Plan Review Applications

APPLICANT: _____

Planning Commission Meeting Date: _____

Zoning Board of Appeals Meeting Date: _____

Type of Meeting	Application Deadline	Fee	# of Prints
O Rezone	30 days in advance of meeting	\$600	12
O Site Condominium	14 days in advance of meeting	\$500	12
O Private Road	14 days in advance of meeting	\$500	12
O Planned Unit Development	14 days in advance of meeting	\$600	12
O Commercial Site Plan Review	14 days in advance of meeting	\$100	10
O Use By Special Approval	21 days in advance of meeting	\$500	10
O Special Use-Lake Lots/Accessory Bldg's	21 days in advance of meeting	\$250	10
O Variance	21 days in advance of meeting	\$360	9

Applications for Planning Commission or Zoning Board of Appeals review shall be delivered to the Clerk for distribution and must:

- Be completed and signed by the applicant.
- Be accompanied by all required narratives, drawings, prints and supporting documentation.*
- Be reviewed, completed as necessary, and signed by the Zoning Administrator.
- Be accompanied by the required fee.
- Include a signed Fee Agreement.
- Include this checklist.
- Indicate what material, if any, is to be sent to the Township attorney and/or engineer.

*Refer to Zoning Ordinance for specific information required in site plan review.

**ALL PRINTS OR DRAWINGS MUST INCLUDE THE APPLICANT'S NAME AND ADDRESS
AND THE PARCEL # OF THE SUBJECT PROPERTY**

DEFICIENT APPLICATIONS WILL NOT BE PROCESSED. NO EXCEPTIONS.

Clerk's Office:

REZONE: Publish and mail at least 15 days in advance. Copy to Building Official
 USBA: Publish and mail at least 15 days in advance. Copy to Building Official
 VARIANCE: Mail at least 15 days in advance. Copy to Building Official.

- Date application received: _____
- Required number of completed applications received, including prints.
- Material delivered to attorney/engineer.
- Fee and Fee Agreement received: _____
- Other: _____

OAKFIELD TOWNSHIP

PLANNING COMMISSION
APPLICATION FOR USE BY SPECIAL APPROVAL

SECTION 1 - (Zoning Administrator)

Parcel #: 41-08-
Property Address:
Zoning classification:
Zoning Administrator's comments:
Zoning Administrator's signature: Date:

Section II - (Owner/Applicant)

Name:
Mailing Address:
City/State/Zip:
Daytime telephone #: ()

PLEASE COMPLETE THE FOLLOWING:

Description of Special Use:
Off-road parking facilities needed:
Traffic concerns:
Expected hours of operation:
Sewage disposal or water supply facilities:
Effect on adjacent properties:
Other considerations:

I, the undersigned property owner/applicant, request a public hearing before the Oakfield Township Planning Commission for consideration of a Special Use Approval as described herewith. With this completed and signed application, I am including:

- A sketch of this parcel following the attached sample site-diagram.
A check payable to Oakfield Township in the amount of \$500.00 (non-refundable) for a public hearing.
A list of the names and addresses of any other parties having any legal interest in this property.
I hereby grant permission for the members of the Planning Commission and Township Board to visit the subject property for purposes relating to this request.

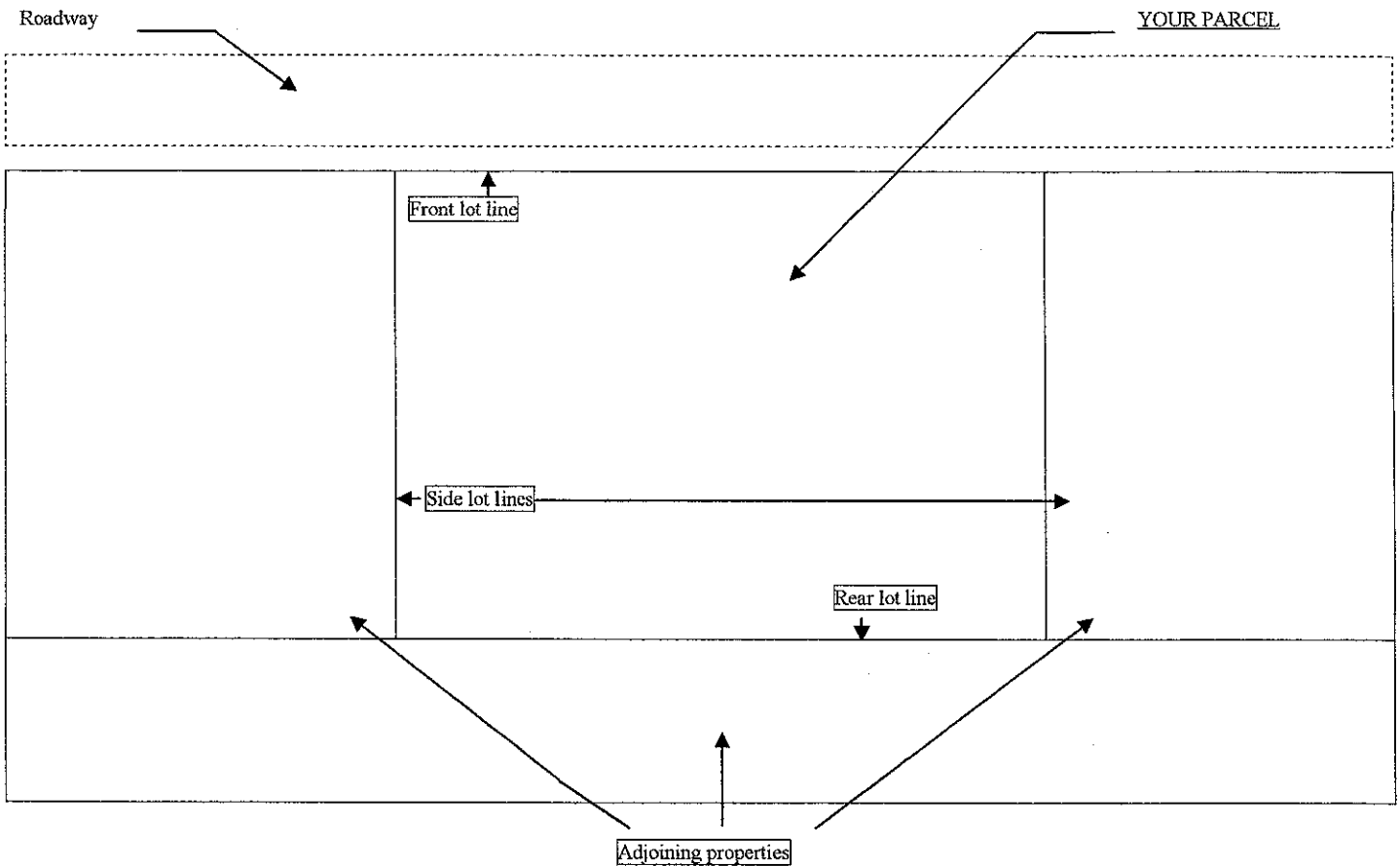
Date: Signature:
Property Owner/Applicant

APPLICANT: WHEN COMPLETE, RETURN TO ZONING ADMINISTRATOR

Section III - (Planning Commission)

APPROVE/DENY - See minutes from hearing &/or regular meeting dated:

CLERK'S USE: [] Appl & Fee rec'd: [] Hrg. Date: [] List of adjn'g prop. owners. [] Notices mailed: [] Notice published



DO NOT WRITE ON THIS DIAGRAM. PREPARE A SEPARATE DRAWING.

Applicant: Use the above diagram as a **guide** in preparing your sketch. Your sketch must identify:

- (1) The name of the public or approved private road upon which your property fronts.
- (2) The location of your front, rear and side lot lines—with reasonably accurate measurements.
- (3) The location of the driveway which serves this parcel.
- (4) The location of all existing structures on your parcel (dwelling, garage, outbuildings, etc.)
- (5) The location of nearest structure, if any—within 50' on adjoining properties.
- (6) The location of the proposed use/activity, for which this Use By Special Approval is sought.

IF YOU NEED ASSISTANCE,
PLEASE CALL THE TOWNSHIP OFFICE DURING REGULAR BUSINESS HOURS:
8 A.M. TO 12 P.M., MONDAY THROUGH FRIDAY & 1 TO 5 P.M., WEDNESDAY.
5:30 TO 6:30 P.M. WEDNESDAY.

OAKFIELD TOWNSHIP
10300 14 MILE ROAD, ROCKFORD, MI 49341
Office: (616) 754-5679 Fax: (616) 754-0989

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

**OAKFIELD TOWNSHIP
NOTICE TO ALL ZONING APPLICANTS**

FEE AGREEMENT

Thank you for submitting your application and application fee to Oakfield Township.

Under the zoning fee resolution adopted by the Township Board, the Board has established a policy that the costs and expenses incurred by the Township in the consideration and review of zoning applications is to be reimbursed to the Township by the zoning applicants. In this way, these Township expenses are borne by the party making the zoning application, rather than by Township taxpayers in general. This reimbursement of the Township's actual costs and expenses is in addition to the application fee.

Such additional costs and expenses incurred by the Township may include such things as engineering fees, attorney fees, cost of special meetings, publication expenses, the fees of other consultants and other costs that the Township may incur. The Township keeps detailed records of all expenses incurred by each application.

Depending upon the amount of expenses that are estimated to be incurred in connection with your application, you may be required to pay a portion of such estimate in advance into an escrow account, or you may be billed subsequently, as expenses are incurred. In any event, it is your responsibility to reimburse the Township for the actual costs and expenses resulting from the review of your particular application.

No building permits or other Township permits can be issued until all fees are paid, including reimbursement of the Township's expenses arising out of your application.

To indicate your understanding of the Township's zoning escrow fee policy, and your agreement to abide by that policy, please sign in the space indicated below.

I understand that I am responsible for the reimbursement to the Township of its actual expenses incurred in connection with my application, under the Township escrow fee policy, and I agree to pay such amounts on a timely basis, under the terms of that policy.

APPLICANT: _____
Signature Date

Print Name

DAY PHONE: _____

NIGHT PHONE: _____

ZONING ADMINISTRATOR: _____

Type of Application _____