

PLANNED UNIT DEVELOPMENT APPLICATION



CHOCOLAY TOWNSHIP

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Marquette, MI 49855
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chocolay.gov

APPLICATION NUMBER

PD-____-____

PROPERTY AUTHORIZATION

Date of application _____ Project address _____

PROPERTY OWNER

Name _____

Address _____

City / State / Zip _____

Contact number _____

E-mail _____

APPLICANT (if different from property owner)

Name _____

Address _____

City / State / Zip _____

Contact number _____

E-mail _____

If the applicant is not the property owner, the property owner grants permission for the applicant to act on the owner's behalf for this project.

Owner Signature _____ Date _____

PROJECT INFORMATION

Project Overview

Proposed PUD name _____

General location or address _____

Description of project

Size of site _____ Average lot size _____

Number of lots _____ Density _____

Current Zoning and Use

Zoning _____ Use _____

Adjacent Zoning and Uses

North Zoning _____ Use _____ East Zoning _____ Use _____

South Zoning _____ Use _____ West Zoning _____ Use _____

PERCENTAGE OF LAND USE BY TYPE

	Residential	Commercial	Industrial	Open Space	Other	Total
Number of acres						
% of total						

RESIDENTIAL DENSITY

Type of Unit	Number of Units	Net Acres	Net Density
Apartments			
Condominium			
Single family home			
Other			
Total			

Net acres land development for land use type not including right-of-way

Net density number of units / net

APPLICATION CONDITIONS

1. I certify that the proposed planned unit development is authorized by the property owner of record, and that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and contain an accurate description and specifications for all existing and proposed buildings or structures for this application.
2. I agree that the approval of the planned unit development carries with it a condition allowing on-site inspection of the premises, both in review of the site plan and later to confirm compliance with the site plan and conditions of the PUD. As applicant / owner, I authorize these inspections and acknowledge they are a condition to any approval provided with the application.
3. I agree the requested development does not violate any deed restrictions attached to the property involved in the request.
4. I acknowledge review of the site plan and other applicable requirements in the Township zoning ordinance.
5. I agree that neither I nor my successor will sell, convey, or otherwise dispose of any land surrounding a structure if such a transaction will result in the structure being left on a lot which fails to meet the minimum requirements set forth in the Township zoning ordinance.
6. I understand that a public hearing is required to be held by the Planning Commission, and I further understand that the Planning Commission may table action to a later meeting if the Commissioners determines that more information is necessary in order to take specific action on the proposed development.
7. I understand that the final decision in this process is made by the Planning Commission and they may approve, approve with conditions or deny the request.
8. I understand that this form is not approval for a planned unit development, but only an application for a PUD and is valid only with procurement of applicable approvals.

Owner / agent signature _____ **Date** _____

Name (print) _____

TOWNSHIP OFFICE

Parcel ID 52-02- _____ - _____ - _____ **Zoning District** _____

Application Charge \$250.00

Date paid _____ Receipt number _____

Public Hearing Notifications

Minimum of 30 calendar days prior to the Planning Commission meeting

Scheduled Planning Commission meeting date _____

Date public hearing notice to be published _____

Date notices to be mailed to the affected public _____

Date notice to be posted on the Township web site _____

Zoning Administrator signature _____ **Date** _____