PLANNED UNIT DEVELOPMENT APPLICATION



CHOCOLAY TOWNSHIP

5010 US-41 South Marquette, MI 49855 Phone: 906-249-1448 Fax: 906-249-1313 chocolay.gov

APPLICATION	NUMBER
PD	

PROPERTY AUTHORIZATION	
Date of application	Project address
PROPERTY OWNER Name	APPLICANT (if different from property owner) Name
Address	Address —
City / State / Zip	City / State / Zip
Contact number	Contact number
E-mail	E-mail
If the applicant is not the property owner behalf for this project.	t, the property owner grants permission for the applicant to act on the owner's
Owner Signature	Date
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 O	FFICE			
Parcel ID	52-02			Zoning District
Application Ch	narge	\$250.00		
Date paid			Receipt number	
Public Hearing	g Notificati	ons		
Minimum d	of 15 calendo	ar days prior	to the Planning C	Commission meeting
Scheduled	Planning Co	mmission m	eeting date	
Date public	c hearing no	tice to be pu	blished	
Date notice	es to be mai	led to the aff	ected public	
Date notice to be posted on the Township web site				
Zoning Admin	istrator sig	nature		Date