

# CITY OF EVART

200 S. Main St.  
Ewart, MI 49631  
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(231) 734-3917-fax  
[www.evart.org](http://www.evart.org)

## SITE PLAN REVIEW APPLICATION

**Date:**

**Project Location:**

Address \_\_\_\_\_

Property Tax ID# 67-51 \_\_\_\_\_

Zoning District \_\_\_\_\_

Legal Description \_\_\_\_\_

**Applicant:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

**Property Owner:**

*(If different from applicant)*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

**REQUEST:**

Briefly describe the request

\_\_\_\_\_  
\_\_\_\_\_

**Proposed Work:**

*Answers to the following are **required** for application approval*

New Construction \_\_\_\_\_

Renovation \_\_\_\_\_

Overall Length \_\_\_\_\_

Overall Height \_\_\_\_\_

Overall Width \_\_\_\_\_

Floor Area \_\_\_\_\_

**SITE PLAN REVIEW APPLICATION (page 2)**

**Proposed Use:**

*Check all that apply*

- \_\_\_\_\_ Single Family Residence
- \_\_\_\_\_ Duplex
- \_\_\_\_\_ Mutil-Famiy / # of units \_\_\_\_\_
- \_\_\_\_\_ Garage
- \_\_\_\_\_ Storage Unit
- \_\_\_\_\_ Other – Please explain

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Has there been a Site Plan or Special Land Use Permit approved for this parcel before?  
\_\_\_\_\_yes      \_\_\_\_\_no

1. Describe IN DETAIL all anticipated activities (including hours of operation, number of employees, number of parking spaces, traffic impacts, etc. Attach additional sheets if needed).

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2. Size of property in sq. ft. \_\_\_\_\_

3. Current Property Use \_\_\_\_\_

4. Proposed Property Use \_\_\_\_\_

5. Attach a copy of Warranty Deed or other proof of ownership.

6. Attach a copy of certified Property Survey or dimensioned property land plat.

The undersigned affirms that the information and plans submitted in this application are true and correct to the best of the undersigned's knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPROVALS:**

By: City of Evert Planning Commission on \_\_\_\_\_ 20 \_\_\_\_.

By: City of Evert City Council on \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date