



Charter Township of Orion

Planning & Zoning Department

2525 Joslyn Rd., Lake Orion MI 48360

P: (248) 391-0304 ext. 5000; Fax (248) 391-1454

Checklist for Administrative Review Application

Refer Zoning Ordinance No. 78, Section 30.01 D, to determine if a project may be eligible for administrative site plan review.

The following must accompany your completed application; incomplete submittals will not be accepted.

- Complete application including original ink signatures of property owner and the applicant.
- The Administrative Review fees, calculated using Ordinance No. 41.
- Proof of ownership. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.
- 24" x 36" detailed site plans containing all elements within Zoning Ordinance No. 78, Section 30.01, E.
 - The number of sets, the data to be contained within the plans, and requirements of the plans to be signed and sealed will vary depending on the scope of the project. For assistance, please contact the Planning and Zoning Department prior to submittal.
- PDF format copy of all information submitted (may be emailed or provided on a USB/flash drive).

If you have any questions, please call the Planning and Zoning Director at (248) 391-0304 ext. 5000



Charter Township of Orion Planning Commission Administrative Review Application

Administrative Review for Site Plans Involving Minor Modifications: Administrative review, may be required instead of Planning Commission review for site plans that involve minor modifications. Refer Zoning Ordinance No. 78, Section 30.01 D, Table 30.01 D, to determine if a project may be eligible for administrative site plan review.

Project Name: _____

Name of Development if applicable _____

Applicant	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____
*Property Owner(s)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ * If the name on the deed does not match the name of the property owner on this application, documentation showing the individual is the same as the company name must be provided.
Plan Preparer Firm/Person	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____
Project Contact Person	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____

Property Description
Project Information

Sidwell Number(s): _____

Location or Address of Property: _____

Side of Street: _____ Nearest Intersection: _____

Acreage: _____ Current Use of Property: _____

Is the complete legal description printed on the site plan? Yes No (if no please attach to the application)

Subject Property Zoning: _____ Adjacent Zoning: N. _____ S. _____ E. _____ W. _____

Give a detailed description of the proposed minor modification _____

I/We, the undersigned, do hereby submit this application for Administrative Review for Site Plan, pursuant to the provisions of the Charter Township of Orion Zoning Ordinance; No. 78, Section 30.01 and applicable ordinance requirements. In support of this request the above facts are provided. I hereby certify that the information provided is accurate and the application that has been provided is complete.

Signature of Applicant:
(must be original ink signature) _____ Date: _____

Print Name: _____

I, the property owner, hereby give permission to the applicant listed above to act as my agent in submitting applications, correspondence.

Signature of Owner:
(must be original ink signature) _____ Date: _____

Print Name: _____



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Project Name _____

PC# _____ Parcel#(s) _____

Please select an option below:

Permission to Post on Web Site

By signing below as applicant and on behalf of my consultants, we agree to allow the plans for the above named project, in which approval is being sought by the Planning Commission and/or Township Board, to be posted on the Township website.

Signature of Applicant

Date

Printed Name of Applicant