



Frenchtown Charter Township
Planning Commission
 2744 Vivian Road
 Monroe, MI 48162
 734-242-5900

SINGLE FAMILY SUBDIVISION APPLICATION

Applicant must provide **15 copies** of the plat plan, **15 copies** of the application, fees, escrow deposit, and all relative documents at least **5 weeks** prior to the next regularly scheduled meeting of the Planning Commission.

Refer to the Frenchtown Charter Township Subdivision Control Ordinance No. 197 which contains detailed information related to the subdivision of land.

A public hearing will be required for Tentative Approval of the Preliminary Plat in which all owners of property within 300 feet of the proposed development will be notified and will be allowed to speak to the Planning Commission.

DATE _____	PROJECT PARCEL ID _____
PROPOSED NAME OF SUBDIVISION _____	

APPLICANT INFORMATION

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		

PROPERTY OWNER INFORMATION

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		

PROPERTY DESCRIPTION	
Zoning Classification:	
Parcel Size:	
Description of Proposed Project:	
Present Use:	Proposed Use:

ATTACH THE FOLLOWING:

1. **15** hard copies of the plat plan, sealed by a registered architect, engineer, or landscape architect. Please also provide an electronic copy via email to MOrtega@mcka.com and frenchtownplanning@frenchtownchartertp.org
2. A brief written description of the existing and proposed uses.
3. If necessary, review comments of approval received from county, state, or federal agencies that have jurisdiction over the project.
4. One check to establish an escrow account with a beginning balance to be determined at the pre-application meeting. Any money left over at the end of the process will be refunded to the applicant.
5. One check in the amount of **\$300** - for the Planning Commission.
6. One check in the amount of **\$150** – for the Fire Inspector.

PLAT PLAN SUBMITTAL CERTIFICATIONS

I certify that I have reviewed the Plat Plan submittal documents and have compared it to the Frenchtown Charter Township Subdivision Control Ordinance No. 197 submittal information required.

I further understand that all plans and correspondence for review have been submitted to the agencies listed below:

Monroe County Health Department
Environmental Health Division
29 Washington Street
Monroe, MI 48161

Monroe County Drain Commission
Attn: Doug Link
1005 S. Raisinville Road
Monroe, MI 48161

City of Monroe
Engineering Department
120 E. First Street
Monroe, MI 48161

Michigan Department of Transportation
10321 E. Grand River Ave.
Suite 500
Brighton, MI 48116

Monroe County Road Commission
840 S. Telegraph Road
Monroe, MI 48161

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the plat plan application may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a plat plan application or to revoke any permits granted subsequent to plat plan approval.

APPLICANT'S ENDORSEMENT

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

Signature of Applicant

Date

Signature of Property Owner

Date

Updated 2.5.19