



# *City of Zilwaukee*

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**319 Tittabawassee, Saginaw, MI 48604-1299**  
**Phone (989) 755-0931 Fax (989) 755-2202**

APPLICATION FOR SITE PLAN APPROVAL

TO BE COMPLETED BY APPLICANT:

1. Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. General Location of Property: \_\_\_\_\_

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

3. Legal Description of Property: \_\_\_\_\_

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

4. Name of Designer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Name of Legal Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

6. Description of Proposed Development: \_\_\_\_\_

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

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**TO BE COMPLETED BY CITY OF ZILWAUKEE**

7. Site Plan

a. Date filed with City: \_\_\_\_\_

Received By: \_\_\_\_\_

b. Dates of letters of Recommendation by City and/or Consultants, the Zoning Administrator, Fire Department, Police Department and Department of Public Works.

\_\_\_\_\_  
By: City and/or Consultants Date

\_\_\_\_\_  
By: Zoning Administrator Date

\_\_\_\_\_  
By: Fire Department Date

\_\_\_\_\_  
By: Police Department Date

\_\_\_\_\_  
By: Department of Public Works Date

c. Date Submitted to Planning Commission: \_\_\_\_\_  
(must be submitted at least 14 days prior to meeting)

d. Action of Planning Commission:

(1) Approval: Date and Signature of Secretary:

\_\_\_\_\_

(2) Disapproval: Date and Signature of Secretary:

\_\_\_\_\_

(Reason for disapproval attached hereto)

(3) Conditional Approval: Date and signature of Secretary:

\_\_\_\_\_

(Conditions for approval attached hereto)

(a) Revised Site Plan Submitted: (date) \_\_\_\_\_

(b) All conditions have been met and the Revised Site Plan is in accordance with the conditions for approval attached hereto: Revised Site Plan approved: Date and signature of City Manager.

\_\_\_\_\_

