



SITE PLAN APPLICATION

202 West 5th Street, Clare Michigan 48617
 (989) 386-7541 phone (989) 386-4508 fax
www.cityofclare.org

Project Name:		
Owner's Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Developer's Name:		
Address:		
City:	State:	Zip:
Phone:	Mobile:	
Engineer/Architect/Surveyor:		
Address:		
City:	State:	Zip:
Phone:	Email:	
PLEASE PROVIDE 1 ORIGINAL BLUE-PRINT SIZE SITE PLAN THAT MEETS OR EXCEEDS THE REQUIREMENTS OUTLINED IN OF CHAPTER 52, SECTION 415(g) OF THE CITY ORDINANCES AS WELL AS 15 COPIES NO LARGER THAN LEDGER SIZE (11" X 17")		
Site Plan Fee: \$	Received on: / /	By:
Subject Parcel		
ARE THERE ANY OPTIONS ON THIS PROPERTY OR ANY LIENS AGAINST THE PARCEL? _____		
IF YES, PLEASE EXPLAIN: _____		
Property Address:		
Tax ID #		
Project Type: Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>		
BRIEF PROJECT DESCRIPTION: _____ _____ _____ _____		
# of Structures:	Total Units:	Total Offices:
Total Square Feet:		Total Parking Spaces:
Total Employees:		Recreation Facilities:
Total Floor Area:		Acreage of Parcel:

OTHER RELATED PERTINENT INFORMATION: _____

Land Use:

Zoning Classification:

Existing Structures:

IF YOU NEED ASSISTANCE, THE FOLLOWING INFORMATION MAY BE OBTAINED FROM THE CITY CLERK'S OFFICE.

Adjoining Parcel(s) (North) Tax ID Number:

Land Use:

Zoning Classification:

Existing Structures:

Adjoining Parcel(s) (South) Tax ID Number:

Land Use:

Zoning Classification:

Existing Structures:

Adjoining Parcel(s) (East) Tax ID Number:

Land Use:

Zoning Classification:

Existing Structures:

Adjoining Parcel(s) (West) Tax ID Number:

Land Use:

Zoning Classification:

Existing Structures:

Project Completion Schedule:

Development Phases:

I AM THE OWNER OF THE PROPERTY OR OFFICIALLY ACTING ON THE OWNER'S BEHALF.

Signature

Date

I HEREBY CERTIFY THAT THE SITE PLAN REQUEST WAS ACTED ON BY THE CLARE CITY PLANNING COMMISSION ON _____.

THE SITE PLAN WAS APPROVED _____ NOT APPROVED _____

WITH THE FOLLOWING CONDITIONS (IF ANY): _____

Certified By:

Date