



BAY CITY Planning Commission

SITE PLAN REVIEW APPLICATION

Bay City Planning Division, 301 Washington Ave., Bay City, MI 48708

989/894-8180

FAX 989/894-8213

Case # _____

Check # _____

Amount \$ _____

Property Location:

Street Address _____

City _____ State _____ Zip _____

Applicant:

Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Email _____

Property Owner (If different from Applicant):

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Project Information:

Briefly describe use: _____

Building size – gross sq. ft. _____ Lot size – sq. ft. _____

Estimated project cost: _____

Attached hereto are plans to scale showing the actual shape, location, and dimension of the lot: the shape, size, and location of all existing structures and any structures and improvements proposed to be constructed, altered or moved, and the location of existing and proposed off-street parking spaces, as required by Article XVII of the Bay City Ordinance. Applicant must also provide one digital version of the site plan in either AutoCAD, Microstation, or Adobe Acrobat Reader format. Application and plans must be received by the filing deadline.

I/ We understand and agree, upon execution and submission of this application, that I/ we agree to abide by all provisions of the Bay City Zoning Ordinance as well as all procedures and policies of the Bay City Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/ our knowledge.

Applicant Name (printed)

Signature

Date

Property Owner (printed)

Signature

Date

The completed application with all required materials must be received no later than the Filing Deadline date as indicated on the Hearing Schedule.

I certify that I have reviewed the application and that it is complete with all required materials attached.

Staff signature

Date