

**CHARTER TOWNSHIP OF COMMERCE
APPLICATION FOR PLANNED UNIT DEVELOPMENT REVIEW**

Blue print size 24" x 36"

Case # _____

Date _____

Applicant: _____

Address: _____ *City:* _____

State, Zip Code: _____ *Phone:* _____ *Fax:* _____

Email _____

Property Owner (if different from Applicant): _____

Address: _____ *City:* _____

State, Zip Code: _____ *Phone:* _____ *Fax:* _____

Email _____

Location of Property: _____
(Attach legal description)

Sidwell Number(s): _____

Existing Zoning: _____ *Area:* _____

Present Use of Property: _____

<i>Type of Development</i>	<i>Acreage</i>	<i>Number of Units</i>	<i>Gross Floor Area</i>	<i>Number of employees (largest shift)</i>
<i>Detached Single-family</i>				
<i>Attached Residential</i>				
<i>Office</i>				
<i>Commercial</i>				
<i>Industrial</i>				
<i>Other</i>				

Professionals Who Prepared Plans:

A. Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Primary Design Responsibility: _____

B. Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Primary Design Responsibility: _____

C. Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Primary Design Responsibility: _____

ATTACH THE FOLLOWING:

1. Ten (10) folded copies of the plans, sealed by a registered architect, engineer, landscape architect or community planner in a manner consistent with PUD Application Submittal Requirements (see Article 38 of the Zoning Ordinance)
2. Proof of property ownership.
3. Review comments or approval received from county, state or federal agencies that have jurisdiction over the project, including but not limited to:

Oakland County Road Commission
Oakland County Health Department
MI Department of Transportation
U.S. Army Corps of Engineers

Oakland County Drain Commissioner
MI Department of Natural Resources
MDEQ

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the case 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 Planned Unit Development application or to revoke any permits granted subsequent to approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that my application will not be reviewed unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees 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

Printed Signature of Applicant Date

Signature of Property Owner Authorizing this Application Date

Printed Signature of Applicant Date

TO BE COMPLETED BY THE TOWNSHIP	Case No. _____
Date Submitted: _____	Fee Paid: _____
Date of Public Hearing: _____	
PLANNING COMMISSION ACTION (RECOMMENDATION)	
To Approve: _____ To Deny: _____ Date of Action: _____	
TOWNSHIP BOARD ACTION	
Approved: _____ Denied: _____ Date of Action: _____	
Conditions:	

Planned Unit Developments

1. ***Planned Unit Development General and Consulting Review Fees***
-Refundable Deposit.....\$7,000.00

All costs incurred for fees and reviews, including but not limited to planning, engineering, legal and traffic engineering, shall be borne by the applicant. Multiples of the minimum refundable deposit may be required based upon the complexity of the project.

2. ***Planned Commission and Township Board Review Fees***
-Non-refundable

- a) ***Optional Preliminary Planning Commission Review.....\$ 500.00***
- b) ***Planning Commission Review and Public Hearing.....\$ 500.00***
- c) ***Township Board of Trustees Review.....\$ 500.00***