

MARION TOWNSHIP
APPLICATION FOR SITE PLAN REVIEW

Date: _____
Parcel I.D. Number: _____

Property Owner(s) Name (Print or Type): _____
Mailing Address (Print or Type): _____
City, State, ZIP (Print or Type): _____
Phone (Print or Type): _____

Applicant(s) Name (Print or Type): _____
Mailing Address (Print or Type): _____
City, State, ZIP (Print or Type): _____
Phone (Print or Type): _____

Name of Proposed Development: _____
Location of Proposed Development (address): _____
N E S W Side of _____ Road between
_____ and _____ Roads

- The property owner(s) must sign this application. In lieu of the owner(s) signature on this application, the owner may provide a letter authorizing the applicant to act on his / her behalf. This application will not be processed until authorized by the property owner and/or the authorized applicant.

Brief Description of the Proposed Development and / or Project (Land Use): _____ _____
I hereby grant permission for members of the Planning Commission, Zoning Administrator or their appointed designee to enter the above-described property for the purpose of gathering information related to this application.
Owner(s) of Record Signature: _____
Applicant(s) Signature (if other than owner): _____
Date: _____

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Date Received: _____ Received By: _____ Application Fee: _____

PRELIMINARY SITE PLAN REVIEW

AGENCY REVIEWS AND COMMENTS FROM:

County Road Commission: Yes ___ No ___ County Health Department: Yes ___ No ___

County Drain Commissioner: Yes ___ No ___ Fire Department: Yes ___ No ___ Other Agencies: Yes ___ No ___

Township Attorney: Yes ___ No ___ Township Engineer: Yes ___ No ___ Township Planner: Yes ___ No ___

APPROVED

APPROVED WITH CONDITIONS

DENIED

Date: _____

Date: _____

Date: _____

Date Received: _____ Received BY: _____ Application Fee: _____

FINAL SITE PLAN REVIEW

AGENCY REVIEWS AND COMMENTS FROM:

County Road Commission: Yes ___ No ___ County Health Department: Yes ___ No ___

County Drain Commissioner: Yes ___ No ___ Fire Department: Yes ___ No ___ Other Agencies: Yes ___ No ___

Township Attorney: Yes ___ No ___ Township Engineer: Yes ___ No ___ Township Planner: Yes ___ No ___

APPROVED

APPROVED WITH CONDITIONS

DENIED

Date: _____

Date: _____

Date: _____