



GREEN OAK CHARTER TOWNSHIP PLANNING AND ZONING DEPARTMENT

10001 Silver Lake Road, Brighton, MI 48116
Phone: 810-231-1333 ext.104 Fax: 810-231-5080

FINAL PRELIMINARY PLAT APPLICATION

1. Name of Proprietor _____
Address _____
2. Name of Surveyor or Engineer _____
Address _____
Phone # _____ Fax _____
3. Name of Subdivision _____
4. Location (in addition, attach a copy of recent survey of the Subdivision area and legal description) Section _____ Range _____ Town _____
5. Description of Proposed Development _____

6. Present Zoning Classification _____
7. Area of Subdivision (Acres) _____ Number of lots _____
8. Proposed Zoning Changes? (If yes, please attach description)
Yes _____ No _____
9. Proposed Subdivision Variance? (If yes, please attach 10 copies)
Yes _____ No _____
10. Proposed Deed Restriction of Covenants? (If yes, attach 15 copies)
Yes _____ No _____
11. List all proposed public improvements intended for installation and indicate for each so listed, whether same shall be completely installed prior to Final Plat approval by the Township Board or whether a financial guarantee of performance will be posted in lieu of installation.

Improvement	Installed	Guarantee
_____	_____	_____
_____	_____	_____

12. List all other date and documentation submitted with this application for tentative preliminary approval.

Item	Number of Copies
_____	_____
_____	_____
_____	_____
_____	_____

THIS APPLICATION PROVIDES AUTHORITY FOR TOWNSHIP REPRESENTATIVES TO PHYSICALLY VIEW AND INSPECT THE PROPERTY.

IF COSTS OF REVIEW EXCEED STATED AMOUNT THE APPLICANT WILL BE BILLED FOR THE ADDITIONAL AMOUNT.

Signature of Proprietor Date

Signature of Surveyor/Engineer Date

*******FOR TOWNSHIP USE*******

Plat Review Fee _____
Date submittal received _____
Date filing (Planning commission Meeting) _____
Action by Planning Commission _____
If applicable, reasons for rejection _____
Date of action by Planning Commission _____
Date forwarded to the Township Board _____

Township Clerk Date

Planning Commission Chairman Date

Date received by Township Board _____
Action by Township Board _____
If applicable, reasons for rejection _____

Date of action by Township Board _____

Township Clerk Date

Township Supervisor

Date

Submittal Checklist
Preliminary Plat – Tentative Approval

- | Does | Does
Not | |
|------|-------------|---|
| ___ | ___ | 1. Application Form
The form contains all the required information and supporting data. |
| | | 2. Preliminary Plat
All fifteen (15) copies of the Plat must contain the following information in complete from at the time of submittal to the Township Planning Commission |
| ___ | ___ | a. Name of Subdivision (duplication of other subdivision names not permitted) |
| ___ | ___ | b. Area of Subdivision (in acres) |
| ___ | ___ | c. Location of Subdivision (by Section, Range, Towns, Township, and County; location of such lines to be shown on the Plat). |
| ___ | ___ | d. Names and addresses of proprietor and the Surveyor or Engineer, and also the ownership and use of "excepted" parcels. |
| ___ | ___ | e. The names of adjacent subdivision and property owners including the zoning classification of the tract and each adjacent property. |
| ___ | ___ | f. Proper scale (not more than 100 feet to 1 inch). |
| ___ | ___ | g. Date, cardinal points and bar scale. |
| ___ | ___ | h. Vicinity sketch (scale not less than 2,000 feet to 1 inch). |
| ___ | ___ | i. Location, layout, width and names of existing and proposed streets, alleys, utility easements and public walkways. |

- — j. Location, dimensions and acres of existing buildings, flood plains, parks and common use area, as applicable.
- — k. Location of existing and proposed utilities.
- — l. Layout, numbers and approximate dimensions regarding each lot, including building setback lines.
- — m. Department of Health Site Report, as applicable.
- — n. Contour lines, 2" intervals (5 intervals where slope exceeds 10%).
- — o. Preliminary plans for all proposed improvements.