

**PLANNING COMMISSION REVIEW
KENTWOOD PLANNING DEPARTMENT**

A. Check appropriate request

- | | | | |
|------------------|--------------------------|---------------------------|--------------------------|
| REZONING | <input type="checkbox"/> | SPECIAL LAND USE | <input type="checkbox"/> |
| PRELIMINARY PLAT | <input type="checkbox"/> | PLANNED UNIT DEVELOPMENT | <input type="checkbox"/> |
| SITE PLAN | <input type="checkbox"/> | PUD PHASE APPROVAL | <input type="checkbox"/> |
| OTHER (DESCRIBE) | <input type="checkbox"/> | MAJOR CHANGE TO SITE PLAN | <input type="checkbox"/> |

B. Description of Property

1. Project Name _____
2. Location _____
3. Total land Area _____
4. Number of Lots _____
5. Current Zoning _____
6. Proposed zoning _____
7. Permanent Parcel Number 41-18- _____

C. Owner and Representative

- | | |
|---|---|
| Owner _____ | Representative _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |
| (*Please provide email for correspondence*) | (*Please provide email for correspondence*) |
| Signature _____ | Signature _____ |

D. Authorization for city staff and commissioners to enter the property for evaluation.

- YES _____ NO _____

E. Please provide the following applicable items to the Planning Department by 12:00 PM on the submittal day. Failure to complete the proposal package will result in review delay. Please contact the Planning Department at (616) 554-0707 or collierm@ci.kentwood.mi.us if you have any questions.

1. 15 copies of all drawings (24" x 36" blue lines preferred.)
2. Email Digital Copy of Plans
3. Filing Fee \$ _____
4. Escrow Fee (if applicable) \$ _____ Escrow fee to cover extraordinary fees directly attributable to the project review. Applicant will also be responsible for any other extraordinary fees in excess of the original escrow fee.
5. Proof of ownership or purchase agreement.
6. Current legal description of the entire property.
7. Department of Natural Resources wetland determination verification (if applicable).

F. This application meets the Planning Department requirements for processing.

Staff Signature

Date