

<b>OFFICIAL USE ONLY:</b> APPLICATION NO. _____ PROJECT NAME _____ PARCEL NUMBER(S) _____	FEE PAID _____ RECEIVED BY _____ DATE RECEIVED _____
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**WILLIAMSTOWN TOWNSHIP  
 APPLICATION FOR TENTATIVE PRELIMINARY PLAT APPROVAL**

NOTICE TO APPLICANT: Applications for TENTATIVE PRELIMINARY PLAT APPROVAL by the Planning Commission and Township Board must be submitted by noon, no later than 21 business days prior to the Planning Commission meeting at which the proposal will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance and the Subdivision Control Ordinance (and elsewhere on this form), including 13 fully dimensioned, folded, site plans, plus the required review fees. Regular meetings of the Planning Commission are held on the third Wednesday of each odd numbered month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the second Wednesday of the month, at 6:00 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston MI 48895. Phone number: (517) 655-3193. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request Tentative Preliminary Plat Approval, and provide the following information to assist the review.

**NAME OF APPLICANT** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**INTEREST IN PROPERTY (if not owner)** \_\_\_\_\_

**PROPERTY OWNER(S) (if different than applicant):**

**NAME(S)** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**LOCATION OF PROPERTY:**

**STREET ADDRESS** \_\_\_\_\_

**SIDWELL (PROPERTY ID) NO.** \_\_\_\_\_

**PROPERTY DESCRIPTION** \_\_\_\_\_

**PROPERTY SIZE** \_\_\_\_\_ ACRES

**ZONING:**

**APPLICANT'S PROPERTY** \_\_\_\_\_

**ADJACENT PROPERTIES:** **NORTH** \_\_\_\_\_ **SOUTH** \_\_\_\_\_ **EAST** \_\_\_\_\_ **WEST** \_\_\_\_\_

Application for Tentative Preliminary Plat Approval - Page 2

PRESENT USE OF PROPERTY \_\_\_\_\_

TOTAL DWELLING UNITS PROPOSED \_\_\_\_\_

**PLAN PREPARATION:**

NAME	ADDRESS	TELEPHONE	PRIMARY DESIGN RESPONSIBILITY

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

1. 13 copies of required site plans, folded, sealed by registered surveyor or engineer.
2. 1 electronic version in PDF format on disc
3. Proof of property ownership.
4. Review comments and/or approval received from local, county, state and/or federal agencies, including, but not limited to, the following agencies: Ingham County Drain Commission, Ingham County Road Commission, Ingham County Health Department, Michigan Department of Natural Resources, Michigan Department of Environmental Quality, Michigan Department of Transportation.

**PLEASE NOTE:**

The applicant or a designated representative must be present at all scheduled review meetings or the Final Preliminary Plat review will be tabled due to a lack of representation. If existing sewer facilities are available, an additional fee may be required by the Township and the City of Williamston. This should be verified before proceeding with Tentative Preliminary Plat review. All proposed platted subdivisions shall conform to Act 591 of 1996, the Land Division Act, as amended. The submission of an additional application form is required for Final Plat Review and Approval by Williamstown Township. This may be requested following Tentative Preliminary Plat approval.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPROVAL OF A SITE PLAN, OR TO REVOKE ANY PERMITS GRANTED SUBSEQUENT TO SITE PLAN APPROVAL.

**APPLICANT'S ENDORSEMENT:**

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and Township Board will not review my application unless all information in this application and the Zoning Ordinance and the Subdivision Control Ordinance has been submitted.

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**IF JOINTLY OWNED**, SIGNATURES OF ALL OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED.