



2022 Planning Commission Meeting Dates

Site Plan Review Application

Submittal Deadlines

(Minimum of 14 Days Prior to Meeting)

2022 Meeting Dates	Site Plan Review Application Application Submittal Deadlines
January 5 January 19	December 22 January 5
February 2 February 16	January 19 February 2
March 2 March 16	February 16 March 2
April 6 April 20	March 23 April 6
May 4 May 18	April 20 May 4
June 1 June 15	May 18 June 1
July 6 July 20	June 22 July 6
August 3 August 17	July 20 August 3
September 7 September 21	August 24 September 7
October 5 October 19	September 21 October 5
November 2 November 16	October 19 November 2
December 7 December 21	November 23 December 7

*Prior to scheduling a public hearing with the Planning Commission, Site Plan Review applications will be reviewed for completeness. Incomplete applications will not be accepted. If application deficiencies are noted, staff will contact the applicant to discuss.

*The Planning Commission meets on the first and third Wednesday of each month (unless otherwise noted) in the Cheboygan County Building, 870 S. Main St., Room 135 (Board of Commissioners Room)

CHEBOYGAN COUNTY PLANNING COMMISSION

PO Box 70
870 SOUTH MAIN ST., ROOM 103
CHEBOYGAN, MI 49721
(231)627-8489 (PHONE)
(231)627-3646 (FAX)
www.cheboygancounty.net/planning



THE PLANNING COMMISSION MEETS THE
1ST AND 3RD WEDNESDAY OF EVERY MONTH AT 7:00 PM
IN THE COMMISSIONER'S ROOM (ROOM # 135)
OF THE CHEBOYGAN COUNTY BUILDING.
DATE, TIME AND LOCATION ARE SUBJECT TO CHANGE.

ALL SITE PLAN REVIEW APPLICATIONS WILL BE REVIEWED ADMINISTRATIVELY AND WILL BE PLACED ON A PLANNING COMMISSION AGENDA WHEN DEEMED COMPLETE. THE FOLLOWING ITEMS MUST BE SUBMITTED TO BE REVIEWED BY THE ZONING ADMINISTRATOR:

1. COMPLETED SITE PLAN REVIEW APPLICATION WITH APPLICANT AND OWNER SIGNATURES (4 PAGES)
2. COMPLETED SITE PLAN REQUIREMENT CHECKLIST WITH SIGNATURE (2 PAGES)
3. SITE PLAN
4. WARRANTY DEED OR OTHER PROOF OF OWNERSHIP
5. CERTIFIED PROPERTY SURVEY OR DIMENSIONED PROPERTY LAND PLAT
6. APPLICATION FEE

SITE PLAN REVIEW APPLICATION

APPLICANT'S INFORMATION AND INSTRUCTIONS

(KEEP FOR YOUR REFERENCE)

Applications that do not meet the requirements can NOT be placed on the agenda

SUBMITTAL PROCEDURE

- SUBMIT THE **COMPLETED** APPLICATION 14-DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE REVIEWED.
- SITE PLANS MUST BE COMPLETE, INCLUDING THE APPLICANT'S AND PROPERTY OWNER'S SIGNATURE. IF THE APPLICATION IS NOT COMPLETE IT WILL BE RETURNED TO THE APPLICANT WITH A LIST OF ITEMS THAT MUST BE COMPLETED. (PLEASE USE THE PROVIDED CHECKLIST)
- IT IS RECOMMENDED THAT THE APPLICANT SUBMIT ONE SITE PLAN FOR INITIAL REVIEW BY THE PLANNING/ZONING ADMINISTRATOR BEFORE SUBMITTING THE REQUIRED 15 COPIES. A DIGITAL COPY OR LEDGER-SIZED PAPER COPIES ARE RECOMMENDED.
- THE APPROPRIATE FEE LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION
SPECIAL USE PERMIT - \$250.00 SPECIAL USE PERMIT AMENDMENT - \$160.00
SITE PLAN REVIEW -\$180.00 SITE PLAN REVIEW AMENDMENT -\$120.00
- ONCE THE APPLICATION IS COMPLETE, THE REQUEST WILL BE PLACED ON THE NEXT POSSIBLE PLANNING COMMISSION AGENDA.

PARCEL SIGN

THE APPLICANT WILL PICK UP A SIGN FROM THE PLANNING AND ZONING DEPARTMENT 10 DAYS PRIOR TO THE MEETING AND POST IT ON THE SITE SO THAT IT IS VISIBLE FROM THE ROAD. THE SIGN MUST BE RETURNED TO THE PLANNING & ZONING DEPARTMENT NO LATER THAN 5 DAYS AFTER THE MEETING.

PLANNING COMMISSION PUBLIC HEARING PROCESS

THE PLANNING COMMISSION MEETS AT 7:00 PM. PLANNING DEPARTMENT STAFF WILL PROVIDE A BRIEF INTRODUCTION OF THE APPLICANT'S REQUEST TO THE PLANNING COMMISSION. THE APPLICANT OR THEIR REPRESENTATIVE WILL THEN COME FORWARD TO ANSWER QUESTIONS ASKED BY PLANNING COMMISSION MEMBERS, AND HELP EXPLAIN OTHER ITEMS AS NECESSARY.

WITHDRAWAL OF APPLICATIONS

APPLICATIONS MAY BE WITHDRAWN BEFORE OR DURING THE MEETING, HOWEVER EXPENDITURES HAVE ALREADY BEEN MADE ON BEHALF OF THE APPLICANT, AND NO PORTION OF THE FEE CAN BE REFUNDED. A LETTER WILL BE NECESSARY, STATING THAT THE APPLICANT HAS WITHDRAWN THE APPLICATION.

SITE PLAN REVIEW APPLICATION

SITE PLAN REQUIREMENT CHECKLIST

(TO BE SUBMITTED WITH APPLICATION AND SITE PLAN)

ALL ITEMS LISTED BELOW MUST BE SUBMITTED IN ORDER FOR THIS APPLICATION TO BE DEEMED COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED OR PROCESSED. EACH SITE PLAN SHALL DEPICT THE ITEMS LISTED BELOW, EXCEPT FOR THOSE ITEMS DETERMINED DURING THE PRE-APPLICATION CONFERENCE TO NOT BE APPLICABLE.

PLACE A CHECK MARK NEXT TO EACH REQUIREMENT TO SHOW THAT THE INFORMATION HAS BEEN SUPPLIED OR THAT A WAIVER IS BEING REQUESTED. IF A WAIVER IS BEING REQUESTED PLEASE NOTE ON THE NEXT PAGE THE REASON FOR THE WAIVER. SIGN AND DATE THIS CHECKLIST WHEN ALL ITEMS HAVE BEEN COMPLETED. PLEASE SUBMIT THIS CHECKLIST WITH YOUR APPLICATION.

INFORMATION SUPPLIED	WAIVER REQUESTED	REQUIREMENT
		a. North arrow, scale and date of original submittal and last revision. Site plan is to be drawn at a scale of 1 inch = 100 ft. or less.
		b. Seal of the registered engineer, architect, landscape architect, surveyor, planner, or other site plan preparer. Location of proposed and/or existing property lines, dimensions, legal descriptions, setback lines and monument locations.
		c. Location of existing and proposed public roads, rights-of-way and private easements of record and abutting streets.
		d. Topography at maximum five foot intervals or appropriate topographic elevations to accurately represent existing and proposed grades and drainage flows.
		e. Location and elevations of existing water courses and water bodies, including county drains and man-made surface drainage ways, stormwater controls, flood plains, and wetlands.
		f. Location of existing and proposed buildings and intended uses thereof.
		g. Details of entryway and sign locations should be separately depicted with an elevation view.
		h. Location, design, and dimensions of existing and/or proposed curbing, barrier free access, carports, parking areas (including indication of all spaces and method of surfacing), fire lanes and all lighting thereof.
		i. Location, size, and characteristics of all loading and unloading areas.
		j. Location and design of all sidewalks, walkways, bicycle paths and areas for public use as approved by the Planning Commission.
		k. Location of all other utilities on the site including but not limited to wells, septic systems, stormwater controls, natural gas, electric, cable TV, telephone and steam and proposed utility easements.
		l. Proposed location, dimensions and details of common open spaces and common facilities such as community buildings or swimming pools if applicable.

SITE PLAN REVIEW APPLICATION

SITE PLAN REQUIREMENT CHECKLIST

(TO BE SUBMITTED WITH APPLICATION AND SITE PLAN)

INFORMATION SUPPLIED	WAIVER REQUESTED	REQUIREMENT
		m. Location and specifications for all fences, walls, and other screening features.
		n. Location and specifications for all existing and proposed perimeter and internal landscaping and other buffering features.
		o. Exterior lighting locations with area of illumination illustrated as well as the type of fixtures and shielding to be used.
		p. Location, size and specifications for screening of all trash receptacles and other solid waste disposal facilities.
		q. Elevation drawing(s) for proposed commercial and industrial structures.
		r. Location and specifications for any existing or proposed above or below ground storage facilities for any chemicals, salts, flammable materials, or hazardous materials as well
		s. Floor plans, when needed to determine the number of parking spaces required.

PLEASE LIST THE REQUIREMENT FOR WHICH A WAIVER IS BEING REQUESTED. ALSO PROVIDE AN EXPLANATION/REASON FOR THE WAIVER REQUEST.

<u>SECTION</u>	<u>REASON FOR WAIVER REQUEST</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AFFIDAVIT

I CERTIFY THAT ALL SITE PLAN REQUIREMENTS (A THROUGH S) ARE DRAWN ON THE SITE PLAN, ATTACHED TO THIS APPLICATION AND/OR I AM REQUESTING A WAIVER. I CERTIFY THAT ALL INFORMATION AND DATA ATTACHED TO AND MADE PART OF THIS SPECIAL LAND USE PERMIT APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE



CHEBOYGAN COUNTY PLANNING & ZONING DEPARTMENT

870 S. MAIN ST., RM. 103 ■ PO BOX 70 ■ CHEBOYGAN, MI 49721
PHONE: (231)627-8489 ■ FAX: (231)627-3646

PROPERTY LOCATION

Address	City / Village	Twp / Sec.	Zoning District
Property Tax I.D. Number	Plat or Condo Name / Lot or Unit No.		

APPLICANT

Name	Telephone	Fax
Address	City, State & Zip	E-Mail

OWNER (If different from applicant)

Name	Telephone	Fax
Address	City, State & Zip	E-Mail

PROPOSED WORK

<p>Type (check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> New Building</td> <td><input type="checkbox"/> Reconstruction</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> Relocated Building</td> </tr> <tr> <td><input type="checkbox"/> Change in Use or Additional Use</td> <td><input type="checkbox"/> Sign, Type: _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> New Building	<input type="checkbox"/> Reconstruction	<input type="checkbox"/> Addition	<input type="checkbox"/> Relocated Building	<input type="checkbox"/> Change in Use or Additional Use	<input type="checkbox"/> Sign, Type: _____		<input type="checkbox"/> Other: _____	<p>Building/Sign Information</p> <p>Overall Length: _____ feet</p> <p>Overall Width: _____ feet</p> <p>Floor Area: _____ sq. feet</p> <p>Overall Building Height: _____ feet</p> <p>Sign Area: _____ sq. feet</p> <p>Sign Height _____ feet</p>
<input type="checkbox"/> New Building	<input type="checkbox"/> Reconstruction								
<input type="checkbox"/> Addition	<input type="checkbox"/> Relocated Building								
<input type="checkbox"/> Change in Use or Additional Use	<input type="checkbox"/> Sign, Type: _____								
	<input type="checkbox"/> Other: _____								

PROPOSED USE (check all that apply)

<input type="checkbox"/> Single-Family Residence	<input type="checkbox"/> Expansion / Addition	<input type="checkbox"/> Office	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Duplex	<input type="checkbox"/> Garage or Accessory	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi-Family, # of units ____	<input type="checkbox"/> Storage	<input type="checkbox"/> Industrial	<input type="checkbox"/> Utility
<input type="checkbox"/> Other: _____			

Has there been a Site Plan or Special Use Permit approved for this parcel before? YES NO

If YES, date of approval: _____ Approved Use: _____

Directions to site: _____

SITE PLAN REVIEW APPLICATION



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1. Describe all anticipated activities (e.g. type of business, hours of operation, number of employees, etc). Attach additional sheets if needed.

2. Site Plan Standards.

PLEASE EXPLAIN HOW YOUR REQUEST MEETS EACH OF THE FOLLOWING STANDARDS

- a. The site plan shall be designed so that there is a limited amount of change in the overall natural contours of the site and shall minimize reshaping in favor of designing the project to respect existing features of the site in relation to topography, the size and type of the lot, the character of adjoining property and the type and size of buildings. The site shall be developed so as not to impede the normal and orderly development or improvement of surrounding property for uses permitted in this Ordinance.

- b. The landscape shall be preserved in its natural state, insofar as practical, by minimizing tree and soil removal, and by topographic modifications which result in smooth natural appearing slopes as opposed to abrupt changes in grade between the project and adjacent areas.

- c. Special attention shall be given to proper site drainage so that removal of storm waters will not adversely affect neighboring properties.

- d. The site plan shall provide reasonable, visual and sound privacy for all dwelling units located therein. Fences, walls, barriers and landscaping shall be used, as appropriate, for the protection and enhancement of property and for the privacy of its occupants.

- e. All buildings or groups of buildings should be so arranged as to permit emergency vehicle access by some practical means.

- f. Every structure or dwelling unit shall have access to a public street, walkway or other area dedicated to common use.

- g. For subdivision plats and subdivision condominiums, there shall be a pedestrian circulation system as approved by the Planning Commission.

- h. Exterior lighting shall be arranged as follows:

- i. It is deflected away from adjacent properties. _____

- ii. It does not impede the vision of traffic along adjacent streets. _____

- iii. It does not unnecessarily illuminate night skies. _____



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SITE PLAN REVIEW APPLICATION

- i. The arrangement of public or common ways for vehicular and pedestrian circulation shall respect the pattern of existing or planned streets and pedestrian or bicycle pathways in the area. Streets and drives which are part of an existing or planned street pattern which serves adjacent development shall be of a width appropriate to the traffic volume they will carry and shall have a dedicated right-of-way equal to that specified in the Master Plan.

- j. Site plans shall conform to all applicable requirements of state and federal statutes and the Cheboygan County Master Plan, and approval may be conditioned on the applicant receiving necessary state and federal permits.

3. Size of property in sq. ft. or acres: _____

4. Present use of property: _____

5. Does the proposed use of the property include or involve either:

- Junk or salvage yard (Section 3.6) YES NO
- Mineral extraction (Section 17.17) YES NO

If YES, this application must include a written plan as described in the Zoning Ordinance.

6. Attach a copy of Warranty Deed or other proof of ownership.

7. Attach a copy of certified Property Survey or dimensioned property land plat.

AFFIDAVIT

The undersigned affirms that the information and plans submitted in this application are true and correct to the best of the undersigned's knowledge.

Applicant's Signature _____ **Date** _____

Does the property owner give permission for County zoning officials to enter his or her property for inspection purposes?

- Yes No

Owner's Signature _____ **Date** _____



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FOR PLANNING /ZONING DEPT. USE ONLY

Date Received:

Notes:

Fee Amount Received:

Receipt Number:

Public Hearing Date:

Planning/Zoning Administrator Approval:

Signature

Date

SITE PLAN REVIEW APPLICATION