

**THIS APPLICATION MUST BE FILLED OUT AND RETURNED IN DUPLICATE**  
**APPLICATION FOR SITE PLAN/SPECIAL USE REVIEW**

PLEASE CHECK THE APPROPRIATE BOX

	SITE PLAN (PLAN. COMM./COUNCIL)		Application Number _____
	SITE PLAN (ADMINISTRATIVE)		Date _____
	SPECIAL USE REVIEW		Sidwell Parcel _____
			Section Number _____

To the City of Southfield:

1. The undersigned does hereby respectfully make application for site plan/special use review in accordance with Article \_\_\_\_\_, Section \_\_\_\_\_, of Chapter 45 of the Code of the City of Southfield for the described property: (Please print or type)

2. The property is presently zoned \_\_\_\_\_.

3. The property is located at \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_\_ side of the street.

4. It is proposed that the property will be used for the following purpose:  
\_\_\_\_\_  
\_\_\_\_\_

5. The property is part of a recorded plat and is known as Lot Number(s) \_\_\_\_\_ of \_\_\_\_\_ (subdivision)

It has a frontage of \_\_\_\_\_ feet and a depth of \_\_\_\_\_ feet.

6. The property is in acreage and is not, therefore, a part of a recorded plat: The subject property is legally described as follows:  
(Indicate dimensions along all street frontages)

---

---

---

---

7. The land area of this subject property is

\_\_\_\_\_ (square feet or acres)

8. Firm or individual requesting site plan/special use review of above described property:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

9. The subject property is owned by:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

10. Basis of representation (e.g. legal representative, owner, option to buy, architect, engineer, planner)

---

11. It is proposed that the property will be developed as follows:

---

---

12. It is proposed that the following building(s) will be constructed: Indicate number of buildings, stories, height, dwelling units and number of rooms (not including kitchen or bathrooms) for multiple family buildings.

---

---

13. Attach the required number of copies for site plan review or special use review, drawn to scale, prepared in accordance with the provisions of Section 5.22 and 5.31 of the Zoning Ordinance.

APPLICANTS

Property Owner

Tenant

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

STATE OF MICHIGAN)  
COUNTY OF OAKLAND)

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_, before me personally appeared the above name person who, being duly sworn, says that he has read the foregoing application for site plan/special use review, by him signed, and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters therein stated to be upon information and belief, and as to those matters, he believes it to be true.

\_\_\_\_\_  
Notary Public, Oakland County, Michigan  
My Commission Expires:

---