



132 East Broad Street • P.O. Box 507 • Linden, Michigan 48451-0507  
Telephone: (810) 735-7980 • Fax: (810) 735-4793

# SITE PLAN REVIEW APPLICATION

## Administrative Site Plan

SECTION TO BE FILLED OUT BY APPLICANT

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Property Address: \_\_\_\_\_ Property Tax #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Property Size: \_\_\_\_\_ acres OR \_\_\_\_\_ square feet  
Proposed Use: \_\_\_\_\_  
Existing Building Size: \_\_\_\_\_ square feet

Expansion/Addition: \_\_\_\_\_ New/Change of Use: \_\_\_\_\_ Accessory Use: \_\_\_\_\_  
Other: \_\_\_\_\_ Additional Parking: \_\_\_\_\_

Application and sketch plan must include all informational requirements outlined in Section 3.5.2 of the City of Linden Zoning Ordinance.

**Administrative Site Plan Application Fee: \$200**

### INCOMPLETE SUBMITTAL WILL NOT BE ACCEPTED

I certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION FOR CITY USE ONLY

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_  
Referred to Planning Commission, Meeting Date: \_\_\_\_\_  
Administrative Review Authorized by Planning Commission: \_\_\_\_\_ yes \_\_\_\_\_ no  
Dated Approved by Administration: \_\_\_\_\_ Date Denied: \_\_\_\_\_  
Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_