APPLICATION FOR
PLOT PLAN REVIEW

CITY OF DAVISON
200 E. FLINT ST. SUITE 2
DAVISON, MI 48423
810.653.2191
www.cityofdavisonmi.gov

Name of Applicant: _____ Phone: _____Cell: _____

Applicant's Address: _____Email Address: _____

Address of Property to be Developed/Occupied: _____

Name of Proposed Development: _____

Name and address of every other person, firm or corporation having legal equitable interest in the property: (Attach additional sheets if necessary)

Name: _____ Address: _____

Name: _____ Address: _____

Legal Description: (Attach legal if necessary) _____

_____

Current Zoning: _____ Parcel(s) PID #: _____

Parcel Size: (Road Frontage) _____ (Lot Depth) _____ (Acreage) _____

Proposed Use of Property: _____

_____

Proposed or Type of Construction: _____

_____

I (we), the undersigned, do hereby respectfully make an application and petition for plot plan review under the provisions of the Ordinances of the City of Davison and in support of the application the information as required by Section 1262.08 of the Zoning Ordinance has been provided.

_____ _____
Signature Date

Zoning Admin: Approved Not Approved Date:_____

Signature: _____