

BUTLER TOWNSHIP

Zoning Administrator
829 E.Girard Road
Quincy, MI 49082
Telephone: (517) 279-7091

Date Submitted:

Time Submitted:

APPLICATION FOR ZONING ADMINISTRATOR REVIEW

- Site Plan Swimming Pool
- Single Family Home Two Family Home
- Accessory Structure Other, Explain

APPLICANT

PROPERTY OWNER
(if different than applicant)

Name: _____

Address: _____

Phone: _____

Fax: _____

The following procedures will be followed, in order for any application requiring plan review, to be considered by the Zoning Administrator.

1. Plans will be submitted at the township offices along with applicable fees. An *application for review* will be completed in full. Copies of the *application* will be submitted to the Zoning Administrator as well as one copy to remain in the Township office.
2. Zoning Administrator will review plans, checklists, and applications for completeness and begin working with the applicant to resolve any plan deficiencies.
3. The applicant is responsible to complete amended plans, eliminating all plan deficiencies prior to issuance of any permits.
4. Upon review of the amended plans, the Zoning Administrator will forward a report to the Secretary and Planning Commission Chairman at least *seven days prior to the next scheduled meeting*.

5. Upon review of this report, the Secretary and Planning Commission Chairman will receive and file or set the agenda for the meeting if Planning Commission review is required. **NOTE: Plan Deficiencies will result in removal from agenda.**
6. Planning Commission will review plan and receive and file, approve, reject, or table the request as may be necessary.

X _____
Property Owner Signature, Title

Copies to: 1. Secretary to Planning Commission _____
 2. Planning Commission Chairman _____
 3. Applicant _____

TO BE COMPLETED BY THE TOWNSHIP	Case No. _____
Date Submitted: _____	Fee Paid: \$ _____
Received By: _____	Date of Public Hearing: _____
PLANNING COMMISSION ACTION	
Not Required: _____ Approved: _____ Denied: _____ Date of Action: _____	
ZONING ADMINISTRATOR ACTION	
Approved: _____ Denied: _____ Date of Action: _____ Recommendation: _____	