Community Development Department
2074 Aurelius Rd, Holt MI 48842
P: 517-694-8281 • FAX: 517-694-1289
delhitownshipmi.gov

PLANNING & ZONING
SP

PROJECT REVIEW APPLICATION

DATE STAMP

Applicant:			
Address:	City:	State:	Zip:
Phone:	Email:		
Primary Contact Name:	Phone:	Email:	
Property Owner *(If different than applicant.)*:			
Address:	City:	State:	Zip:
Phone:	Email:		
Property Address:	Parcel #:	Zoning District:	
Present Use:			
Proposed Use:			
Parcel Area *(acres)*:	Existing Building Area *(sq. ft.)*:	Proposed Building Area Dimensions:	

RESIDENTIAL DEVELOPMENT DETAILS

Type of Dwelling Units:	No. of Dwelling Units:	
Unit Size *(range)*:	Development Type *(i.e. Plat, Condo)*:	No. of Phases:

NON-RESIDENTIAL DEVELOPMENT DETAILS

Estimated No. of Employees:	Estimated Traffic Generation:
Expected Hours of Operation:	No. of Parking Spaces:

ALL DEVELOPMENT

Desired Construction Start Date:	Estimated Completion Date:

Do you have any other reviews / appeals / actions pending before Delhi Charter Township or any other reviewing agency? ☐ **YES** ☐ **NO**

If yes, please explain:

Did you have a preliminary meeting with the Director of Community Development or Assistant Planner prior to submitting this application? ☐ **YES** ☐ **NO**

If yes, date of meeting:

How does this project specifically achieve the goals and objectives of the Delhi Charter Township Master Plan?

SUBMIT BUILDING ELEVATIONS SUFFICIENT TO DEMONSTRATE ARCHITECTURAL AND PROPOSED BUILDING MATERIALS

I hereby grant Delhi Charter Township personnel, involved with the review of this request, permission for reasonable entry onto the above property for investigation specifically related to this request.

Applicant's Signature ***Print Name*** ***Date***

By signing below, as the property owner, I hereby grant permission for the applicant listed to request site plan review for the project presented in this application.

Owner's Signature ***Print Name*** ***Date***

FOR OFFICE USE ONLY

SP#

FEE: _____

Receipt #:

Date Received: