



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

PLANNING & ZONING  
**PD**

# PLANNED DEVELOPMENT APPLICATION

DATE STAMP

<b>Applicant:</b>			
Address:		City:	State: Zip:
Phone:	Email:		Fax:
<b>Property Owner (If different than applicant):</b>			
Address:		City:	State: Zip:
Phone:	Email:		Fax:
Property Parcel #:		Development Name:	
Present Use:			
Proposed Use:			
Parcel Area (acres):		Proposed Open Space:	

## DEVELOPMENT DETAILS

Type of Dwelling Units:		No. of Dwelling Units:	
Building Size (range):	Development Type (i.e. Plat, Condo):		No. of Phases:
Estimated Construction Start Date:		Estimated Completion Date:	
Did you have a preliminary meeting with the Director of Community Development prior to submitting this application? <input type="checkbox"/> YES <input type="checkbox"/> 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 AND PLANS / SITE PLANS 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 development approval for the project presented in this application.

\_\_\_\_\_  
 Owner's Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

## FOR OFFICE USE ONLY

**PD#**

FEE: \_\_\_\_\_

Receipt #:

Date Received: