



Tittabawassee Township
Planning Commission
145 S. Second Street
P.O. Box 158
Freeland, MI 48623
989-695-9512
Fax: 989-695-5060

APPLICATION FOR FINAL PLAT REVIEW
FEE \$400

*One 18x24 copy of the plat must be submitted, as well as an electronic copy
emailed to bfeederspiel@tittabawassee.org*

Name or Proprietor: _____ **Date:** _____

Address: _____

Telephone: _____ **Fax:** _____

Applicant's Signature: _____

Name of Surveyor or Engineer: _____

Address: _____

Telephone: _____ **Fax:** _____

Surveyor or Engineer Signature: _____

***E-mail address for any correspondence regarding plat process:** _____

Parcel Number (s) _____

Name of Subdivision: _____

Description of Proposed Development: _____

**Proposed Deed Restriction or Covenants? (If yes, please attach 1 copy and email one copy to
bkauska@tittabawassee.org)**

Yes _____
No _____

Area of Final Plat Subdivision (zoned): _____

List all public improvements intended for installation and their actual or estimated costs, indicated those that have been completely and satisfactorily installed and/or those for which the proprietor will render a financial guarantee of performance in lieu of installation.

IMPROVEMENT	COST	INSTALLED	GUARANTEE
Water			
Sewer			
Sidewalk			

List all other data and documentation submitted with this application for tentative approval.

ITEM	NUMBER OF COPIES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This application must be filled out completely and returned to the Deputy Clerks Office no less than fourteen (14) days prior to a scheduled Planning Commission hearing.



Office Use Only:

Plat review \$ _____

Engineering Review Fee \$ _____

Date Complete Submittal Received _____

Action by Township Board Approval _____ Disapproval _____

Date of Action by Township Board _____

If Applicable, reasons for rejection:

**REQUIRED INFORMATION OF FINAL
SUBMITTAL CHECKLIST – FINAL PLAT**

*One large copy of the plat must be submitted, as well as an electronic copy
emailed to bfederspiel@tittabawassee.org*

DOES DOES NOT

1. APPLICATION FORM:

_____ _____ The form contains all the required information and supporting data.

2. PRELIMINARY PLAT:

All copies of the Plat must contain the following information in complete form at the time of submittal to the Township Planning Commission.

_____ _____ A. Name of Subdivision (duplication of other subdivision name not permitted).

_____ _____ B. Area of Subdivision (in acres).

_____ _____ C. Location of subdivision (by Section, Range, Town, Township and County; location of such lines to be shown on the Plat).

_____ _____ D. Names and addresses of the proprietor and the Surveyor or Engineer and also the ownership and use of “expected” parcels.

_____ _____ E. The names of adjacent subdivisions and property owners, including the zoning classification of the tract and each adjacent property.

_____ _____ F. Proper Scale (not more than 100 feet to 1 inch).

_____ _____ G. Date, cardinal points and bar scale.

_____ _____ H. Vicinity sketch (scales no less than 2000 feet to 1 inch)

I. Location, layout, width and names of existing and proposed streets, alleys, utility easements and public walkways.

J. Location, dimensions and acres of existing buildings, flood plans, parks and common use areas, as applicable.

DOES DOES NOT

K. Location of existing and proposed utilities.

L. Layout, numbers and approximate dimensions regarding each lot; including building setback lines.

M. Department of Health Site Report, as applicable.

N. Contour lines, 2' intervals (5' intervals where slope exceeds 10 percent).

O. Preliminary plans for all proposed public improvements.

P. Financial Guarantees for Outstanding Public Improvements (if applicable)

TITTABAWASSEE TOWNSHIP CLERK

DATE