



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

**APPLICATION FOR TENTATIVE PRELIMINARY PLAT REVIEW
(FEE \$400)**

Name or Proprietor: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Applicant's Signature: _____

Name of Surveyor or Engineer: _____

Address: _____

Telephone: _____ Fax: _____

Surveyor or Engineer Signature: _____

Name of Subdivision: _____

Location (in addition, attach a copy of recent survey of the Subdivision area and legal description)

Section: _____

Range: _____

Town: _____

Description of Proposed Development: _____

Present Zoning Classification: _____

Area of Subdivision (acres) _____ No. of Lots _____

Proposed Zoning Changes? (If yes, please attach description)

Yes _____

No _____

Proposed Subdivision Variance? (If yes, please attach description)

Yes _____

No _____

Proposed Deed Restrictions or Covenants? (If yes, please attach 10 copies)

Yes _____

No _____

List all proposed public improvements intended for installation and indicate for each so listed, whether same shall be completely installed prior to Final Plan approval by the Township Board or whether a financial guarantee of performance will be posted in lieu of installation.

IMPROVEMENT	INSTALLED	GUARANTEE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 thirty (30) days prior to a scheduled Planning Commission hearing.



Office Use Only:

Date Filed: _____ Amount Paid: _____

Case Number: _____ Hearing Date: _____

Current Zoning: _____

REQUIRED INFORMATION OF PRELIMINARY PLAT
SUBMITTAL CHECKLIST – PRELIMINARY PLAT

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.