



CITY OF WALLED LAKE
APPLICATION FOR PLANNED UNIT DEVELOPMENT REVIEW

NOTICE TO APPLICANT: Applications for Planned Unit Development Review by the Planning Commission and City Council must be submitted to the City *in substantially complete form*. The application must be accompanied by the data specified in the Zoning Ordinance and PUD Review Checklist (attached), including fully dimensioned site plans, plus the required review fees. Regular meetings of the Planning Commission are held on the second Tuesday of each month at 7:30 p.m. All meetings are held at the Walled Lake City Hall, 1499 E. West Maple Road, Walled Lake, Michigan 48390. Phone number (248) 624-4847.

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request Planned Unit Development Review and provide the following information to assist in the review:

Applicant: _____ Email: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

_____ Email: _____

Telephone: _____ Fax: _____

Applicant=s Legal Interest in Property: _____

Location of Property: Street Address: _____

Nearest Cross Streets: _____

Sidwell Number: _____

Property Description:

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., acreage parcel), provide metes and bounds description. Attach separate sheets if necessary.

Property Size: (Square Feet): _____ (Acres) _____.

Existing Zoning (please circle one):

- | | | | |
|------|--------------------------------------|-----|-----------------------------|
| R-1A | Single Family Residential District | C-2 | General Commercial District |
| R-1B | Single Family Residential District | C-3 | Central Business District |
| RD | Two Family Residential District | O-1 | Office District |
| RM-1 | Multiple Family Residential District | CS | Community Service District |
| RM-2 | Multiple Family Residential District | I-1 | Limited Industrial District |
| MH | Mobile Home District | P-1 | Vehicular Parking District |
| C-1 | Neighborhood Commercial District | | |

Present Use of Property: _____

Proposed Use of Property: _____

Please Complete the Following Chart:

Type of Development	Number of Units	Gross Floor Area	Number of Employees on Largest Shift
Detached Single Family			N/A
Attached Residential			N/A
Office			
Commercial			
Industrial			
Other			

Professionals Who Prepared Plans:

A. Name: _____

Mailing Address: _____

_____ Email: _____

Telephone: _____ Fax: _____

Primary Design Responsibility: _____

B. Name: _____

Mailing Address: _____

_____ Email: _____

Telephone: _____ Fax: _____

Primary Design Responsibility: _____

C. Name: _____

Mailing Address: _____

_____ Email: _____

Telephone: _____ Fax: _____

Primary Design Responsibility: _____

ATTACH THE FOLLOWING:

1. The required number of individually folded copies of the plans, sealed by a registered architect, engineer, landscape architect or community planner, plus copies of other required documentation.
2. A written description of the proposed use with an explanation of how approval of the Planned Unit Development will produce exceptional benefits for the community.
3. Proof of property ownership.
4. Review comments or approval received from county, state, or federal agencies that have jurisdiction over the project, including but not limited to:

Road Commission for Oakland County	Michigan Department of Environmental Quality
Oakland County Health Division	Michigan Department of Natural Resources

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the proposal may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a PUD application or to revoke any permits granted subsequent to site plan approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission and/or City Council will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

Signature of Applicant Date

Signature of Applicant Date

Signature of Property Owner Authorizing this Application Date

TO BE COMPLETED BY THE CITY	Case No.
Date Submitted: _____	Fee Paid:
Received By: _____	Date of Public Hearing:
PLANNING COMMISSION ACTION	
Approved: _____ Denied: _____	Date of Action:
CITY COUNCIL ACTION	
Approved: _____ Denied: _____	Date of Action: