

**CHARTER TOWNSHIP OF CLINTON  
MACOMB COUNTY, MICHIGAN**

**APPLICATION FOR  
CERTIFICATE FOR SITE DEVELOPMENT**

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**APPLICANT INFORMATION**

<u>APPLICANT</u>	<u>REPRESENTATIVE</u>
NAME _____	_____
FIRM _____	_____
ADDRESS _____	_____
CITY/STATE/ZIP _____	_____
TELEPHONE Area Code _____	Area Code _____
FAX Area Code _____	FAX (Area Code) _____
EMAIL ADDRESS _____	_____

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**LAND INFORMATION**

SECTION # \_\_\_\_\_ PRIVATE CLAIM # \_\_\_\_\_ TOWNSHIP ASSESSOR PROPERTY ID #011- \_\_\_\_\_

#/ACRES \_\_\_\_\_ LOT # \_\_\_\_\_ SUBDIVISION LIBER \_\_\_\_\_ PAGES \_\_\_\_\_

GENERAL LOCATION \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CERTIFIED METES & BOUNDS LEGAL DESCRIPTION: \_\_\_/ ON PLANS

EXISTING USE \_\_\_\_\_ EXISTING ZONING \_\_\_\_\_

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**PROJECT INFORMATION**

NAME OF DEVELOPMENT \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

The person/firm identified above who/which is designated as my representative is authorized to act on my behalf and is empowered to make commitments relevant to any matters concerning this Application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR TOWNSHIP USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ MICROFILE NO. \_\_\_\_\_S

ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP OF LAND IN THE CHARTER TOWNSHIP OF CLINTON**

I/WE, BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER OF LAND IN THE CHARTER TOWNSHIP OF CLINTON BY REASON OF BEING \_\_\_/ RECORDED LAND CONTRACT PURCHASER \_\_\_/ RECORDED DEEDHOLDER

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_\*  
FIRM \_\_\_\_\_\*  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE Area Code \_\_\_\_\_

AND ACKNOWLEDGE THAT THIS LAND IS DESCRIBED IN A SUBMITTAL WHICH HAS BEEN OR WILL BE MADE TO THE CHARTER TOWNSHIP OF CLINTON, MACOMB COUNTY, MICHIGAN, IN AN

**APPLICATION FOR CERTIFICATE FOR SITE DEVELOPMENT**

FURTHER, THAT ANY AGENT OR REPRESENTATIVE OF ANY STATE, COUNTY OR LOCAL PUBLIC AGENCY, FOR ANY PURPOSE RELEVANT TO THIS APPLICATION, \_\_\_/ HAS PERMISSION \_\_\_/ DOES NOT HAVE PERMISSION TO ENTER UPON THE LAND DESCRIBED IN THIS APPLICATION.

FURTHER, THAT THE FOLLOWING PERSON IS DESIGNATED AS MY REPRESENTATIVE AND IS AUTHORIZED TO ACT ON MY BEHALF AND IS EMPOWERED TO MAKE COMMITMENTS RELEVANT TO ANY MATTERS CONCERNING THIS APPLICATION.

APPLICANT

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_\*  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE Area Code \_\_\_\_\_

FURTHER DEPONENT SAYS NOT.

OWNER SIGNATURE \_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_

\*Leave blank if not applicable

STATE OF MICHIGAN)  
) S.S.  
COUNTY OF \_\_\_\_\_)

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE ME PERSONALLY CAME

\_\_\_\_\_,  
TO ME PERSONALLY KNOWN TO BE THE INDIVIDUAL(S) NAMED IN AND WHO EXECUTED THE FOREGOING AFFIDAVIT FOR THE PURPOSE AS STATED AND ACKNOWLEDGED THAT \_\_\_\_\_ DID SO OF \_\_\_\_\_ OWN FREE WILL AND DEED.

\_\_\_\_\_  
NOTARY PUBLIC, \_\_\_\_\_ COUNTY, MICHIGAN  
MY COMMISSION EXPIRES: \_\_\_\_\_

**FOR TOWNSHIP USE ONLY**

RECEIVED ON DATE \_\_\_\_\_ MICROFILE NO. \_\_\_\_\_

## APPLICATION

This Application for Certificate for Site Development shall be filed with the Clinton Township Department of Planning and Community Development. It is suggested that the applicant file this application in person rather than by mail.

Refusal or failure by an applicant to comply with the following procedures shall constitute sufficient grounds to withhold an application from processing.

The following forms, documents and data shall be the minimum required to file this application. All forms shall contain original signatures notarized as required.

1. One (1) copy of the "**APPLICATION FOR CERTIFICATE FOR SITE DEVELOPMENT**" form
2. One (1) copy of the "**AFFIDAVIT OF OWNERSHIP OF LAND IN THE CHARTER TOWNSHIP OF CLINTON**" form
3. One (1) copy of each of the Township **RECEIPTS** for fee payment (one for Site Development Review and one for Engineering Site Development Review)
4. One (1) copy of the **SITE DEVELOPMENT PLAN PACKAGE (must be folded) and a PDF copy of all plans and documents.**
5. One (1) copy of documentation showing **PROOF OF TAXES BEING CURRENT** with the **COUNTY OF MACOMB**
6. One (1) copy of documentation showing **PROOF OF TAXES BEING CURRENT** with the **CHARTER TOWNSHIP OF CLINTON**
7. One (1) copy each of any **OTHER SUPPORTING DATA**

If the applicant is not certain that all the data is accurate to complete the application, such spaces on the form should be left blank and the Staff of the Department of Planning and Community Development will assist the applicant in obtaining the correct information.

## APPLICANT INFORMATION

The applicant generally is the individual who will attend meetings of the Clinton Township Planning Commission and the Clinton Township Board and to whom all pertinent correspondence will be addressed.

The applicant may choose to designate a representative. A representative typically serves the interests of the applicant in a technical capacity such as that of project architect, engineer or building contractor. A business partner, attorney or real estate broker may represent the applicant.

**The representative shall be empowered to speak and correspond on behalf of the applicant and will receive duplicate correspondence.**

The applicant and/or designated representative must be present at each meeting of any commission or board when consideration of the site development plan is made.

## FEE

\$600.00

Please note: You are being provided with an application from the Planning Department. Please be aware of Ordinance #390, which prohibits us from processing any applications if there are any outstanding overdue payments to the Township (see below).

**202.09 APPROVAL DISALLOWED FOR NON PAYMENT.**

(a) *The Township shall not approve any license, permit, variance, rezoning requests or take any other municipal action of approval unless the person or entity so requesting and any affiliated entities do not have any outstanding overdue payments to the Township.*

(b) *Overdue payments defined. Over due payments shall mean monies whether disputed or otherwise which are determined by the Township to be over due and owing including by way of illustration only real and personal property taxes, jeopardy assessments, permit fees, charges, contract balances, required deposits, required bonds, inspection fees or any other outstanding financial obligation. A payment will not be considered having been made, if made by check or other instrument until the payment is cleared after negotiation from the instrument of payment by the Township.*

(c) *Township defined. The term Township shall mean the Township, Zoning Board of Appeals, Planning Commission, Police, Fire, Civil Service Commission, General Civil Service Commission, all committees, commissions, boards, departments and employees.*

(d) *Appeal. A person aggrieved by a determination pursuant to this provision may appeal by furnishing within seven days an appeal in writing to the Treasurer's office. The non payment Appeal Board consisting of the Treasurer, Clerk and Supervisor, or each of their designees, shall make a determination on such appeal as to whether an issue of non payment exists within forty-five days after receipt of such materials or any hearing, if requested by the person aggrieved.*

*(Ord. 390. Passed 12-14-09.)*