

WHITE RIVER TOWNSHIP, MUSKEGON COUNTY, MICHIGAN

APPLICATION FOR SITE PLAN REVIEW

WATERFRONT RESIDENTIAL & CRITICAL DUNE OVERLAY – SITE PLAN REVIEW REQUIRED

1. APPLICANT NAME: _____

Address: _____
(Street, City, State, Zip Code)

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Property Address / Legal Description: _____

Size of Lot or Parcel (acres/square feet): _____

Critical Dune Overlay District: _____ Yes _____ No

NOTE: Preliminary meeting with Planning Commission Required. Stake property lines. New construction requires property survey.

Permission for Zoning Administrator/Township Representatives to visit site: _____ Yes _____ No

Applicant Signature: _____ Date: _____

2. ZONING ADMINISTRATOR: Name: _____

Preliminary Meeting with Planning Commission Date: _____

Site Plan Requirements: _____

Application Fee Paid: Amount _____ Check No. _____ Date: _____

Site Visit Date: _____ Site Visit Names: _____

Zoning Compliance Permit: _____ Yes _____ No (see comments below)

Signature: _____ Date: _____
(Zoning Administrator)

Comments: _____
