

**VILLAGE OF LEXINGTON
APPLICATION
SITE PLAN REVIEW**

OWNER: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____ CONTRACTOR: _____

SITE ADDRESS: _____ LICENSE #: _____

Is the property located within 500' of a lake, stream, or wetland? _____ Yes _____ No

Project Description: _____

Type of Land Use Project:

- _____ New Business
- _____ New Building
- _____ Addition to Building
- _____ Alteration/Remodel
- _____ Accessory Building
- _____ Parking Lot
- _____ PUD

Zoning District:

- _____ C-1
- _____ C-2
- _____ CBD
- _____ I-1
- _____ I-2
- _____ Other

Estimated Cost:

\$ _____

Occupancy Permit Granted: _____

Water/Sewer Cap & Tap Fees _____

SITE PLAN: Attach 1 set of building plans, and a site plan containing a survey and a diagram of the proposed structure, the buildings location on the lot, including front, back, side and rear setbacks and lot lines. All utility easements, any existing buildings, sewer, water, etc.
INSPECTION: In order to verify compliance with this permit, it will be necessary for the Zoning Administrator or his/her agent to enter upon the premises at reasonable times until certification of occupancy is issued. Authorization for these inspection is granted by the applicants signature on this document.
NOTICE: The approval issued here is a zoning or land use approval, indicating this governmental unit this approved the proposed use of the property involved, and has affirmed that the approved site plan complies with all Village requirements. It is now mandatory that a Building Permit is secured from the Sanilac County Department of Construction at 61 W. Sanilac, Sandusky, MI 48471. A copy of this review, the Conditional Land Use Permit, two sets of plans are required. The plans will be checked for code compliance before a permit is issued. Other applicable permits may be required, such as; Health Department, Electrical, Plumbing, Building (for the structure) and Mechanical. (heating & cooling)

Approval Information:

Conditions: See Conditional Use Permit (Copy attached) _____

Applicant Signature _____ Date _____

Zoning Administrator _____ Date _____

Payment Information:
 _____ Cash
 _____ Check _____ Ck. #

 Rec'd. By _____ Date _____