SITE PLAN REVIEW APPLICATION

KALAMAZOO COUNTY DRAIN COMMISSIONER
201 WEST KALAMAZOO AVENUE
KALAMAZOO, MICHIGAN 49007
(269) 384-8117 - FAX: (269) 383-8920

PROJECT NAME:_____

PROJECT LOCATION: _____

TOWNSHIP/CITY: _____ **SECTION:** _____ **QUARTER SECTION:** _____

PROJECT ADDRESS: _____ **PARCEL NO.:** _____

NO. OF ACRES: _____ **NO. OF LOTS/UNITS (if applicable):** _____

DEVELOPMENT TYPE:

PLAT	SITE CONDO	PARCEL SPLIT
APARTMENT COMPLEX	CONDOMINIUM	DUPLEX
MOBILE HOME PARK	CHURCH	SCHOOL
BUSINESS PARK	COMMERCIAL	INDUSTRIAL
INDUSTRIAL PARK	OTHER: _____	

CHECK ONE:
_____ PRIVATE
_____ 433 AGREEMENT
_____ 425 AGREEMENT

REVIEW TYPE:
_____ PRELMINARY
_____ CONSTR. DWG.

DISTANCE TO NEAREST COUNTY DRAIN/WATERCOURSE: _____

NAME OF COUNTY DRAIN/WATERCOURSE: _____

DEVELOPER: _____

MAILING ADDRESS: _____ **PHONE:** _____

CITY/STATE/ZIP: _____ **FAX:** _____

CONTACT PERSON: _____ **EMAIL:** _____

ENGINEER: _____

MAILING ADDRESS: _____ **PHONE:** _____

CITY/STATE/ZIP: _____ **FAX:** _____

CONTACT PERSON: _____ **EMAIL:** _____

FEES MUST BE SUBMITTED WITH COMPLETED APPLICATION PRIOR TO PROCESSING

Preliminary Plat and Construction Drawing Review

Submittal Fee: $_____

Review Deposit: $_____

County Drain Review

Permit Fee: $_____

Maintenance Fee: $_____

Recording Deposit: $_____

Final Plat Review

Submittal Fee: $ _____