



**ADA TOWNSHIP  
SITE PLAN REVIEW APPLICATION**

Applicant: _____	Telephone No: _____
Contact Name: _____	Fax No.: _____
Mailing Address: _____	
Property Owner: (If different than applicant)	Telephone No:
_____	
Mailing Address: _____	
Permanent Parcel No.(s) of subject property: 41-	Zoning District:
_____	
Address of subject property: _____	
Name of Project: _____	
Type of Project:	
<input type="checkbox"/> Retail, Office, Industrial or other Non-Residential Development	<input type="checkbox"/> Site Condominium
<input type="checkbox"/> Open Space Preservation Development, Preliminary Plan	<input type="checkbox"/> Open Space Preservation Development, Final Plan
<input type="checkbox"/> Parking area, 10 or fewer spaces (Staff Review)	<input type="checkbox"/> Parking area, 11 or more spaces (Planning Commission Review)
Summary project description: _____	

This application must be accompanied by the following:

- (1) All items called for by Article XXII of the Zoning Regulations.
- (2) If the Applicant is not the record property owner, attach written documentation of the owner's consent to this application.

The undersigned hereby grants permission to Ada Township and its officials and staff to enter upon the subject property for purposes of review and evaluation of this request.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE ADA TOWNSHIP PLANNING DEPARTMENT**

Application received: \_\_\_\_\_ by: \_\_\_\_\_  
(date)

Application fee of \$ \_\_\_\_\_ received \_\_\_\_\_ by \_\_\_\_\_ Check No: \_\_\_\_\_  
(date)

Escrow deposit of \$ \_\_\_\_\_ received \_\_\_\_\_ by \_\_\_\_\_ Check No.: \_\_\_\_\_  
(date)