

City of Farmington Hills, Planning Office
31555 W. Eleven Mile Road
Farmington Hills, MI 48336-1165
www.fhgov.com, (248) 871-2540 Fax: (248) 871-2451

Application for Planned Residential Development (PRD)

PRD # _____ DATE: _____ RECEIVED/CHECKED BY: _____

INSTRUCTIONS TO APPLICANT: I (We) the undersigned, do hereby make application to the Planning Department of the City of Farmington Hills to split the property herein described as and in support of this application the facts below are shown. *Petitions must be filed with the Planning Office by 3:30 p.m. on the 18th day of the month to be heard at the Regular Hearing of the following month. If the 18th falls on a weekend or holiday, plans must be submitted by 12:00 noon on the following business day*

REQUIREMENTS FOR APPLICATION SUBMITTAL (CHAPTER 34, SECTION 34-81 (1)a. thru h.)

- Eight (8) copies of Site Plan (All plans must be folded 8 ½" X 11" letter size – architects seal up)
- One copy of Site Plan sent by email to: ckettler@fhgov.com
- Fifteen (15) reduced copies of Site Plan (11" x 17")
- Proof of Ownership: Title Insurance; Purchase Agreement; Names of Principal Owners involved in any Corporation, Partnership, etc.
- Written statement explaining full intent of PRD.
- Tree Survey (Section 34-5.18, p. 5-34), Three (3) copies Tree Survey; plus (2) copies superimposed.

Required Tree Survey Fee# of Trees: 6" or Larger: _____ Fee: \$ _____

Required Site Plan Fee: (Contact the Planning Office for all fee's)

Base \$ _____ + Engineering \$135 + Acreage Fee \$ _____ Acres: _____ Total: \$ _____
Total Fees due: \$ _____

MAY BE REQUIRED AT A LATER DATE:

Six (6) copies of Landscape Plan/Open Space Plan, plus Fifteen (15) (11 x 17) copies.

Required Landscape Plan/Open Space Plan Fee: \$ _____ Minimum.

SITE CHARACTERISTICS

Name of PRD: _____ Zoning District: _____

General Location of Site: _____

Square Footage of Site: _____ Sidwell/Parcel.: #23 _____

THE PROPERTY IS OWNED BY:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ E-mail: _____

* Signature of Owner: _____

APPLICANT:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____ Fax: _____

Applicants interest in property (if other than the owner).

* Signature of Applicant: _____

PC Hearing Date: _____ PC recommendation to City Council: _____

City Council Hearing Date: _____ Action: _____