



**GROSSE ILE TOWNSHIP**  
 Department of Public Services

9601 Groh Road  
 Grosse Ile MI 48138  
 Monday-Friday, 8am-5pm  
 (734) 676-4422 phone  
 (734) 692-9699 fax  
 www.grosseile.com

# Application for Sketch Plan Review

**FOR OFFICE USE ONLY**

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Date Received

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Received by

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Filing Fee

**Refer to Article 21  
 Site Plan Review**

**NOTICE TO APPLICANT**

**Upon receipt of a completed application Fees and associated application material, as required by ordinance, processing of the application will begin. Only upon successful review will the application be forwarded to the correct parties to review.**

I, (we), the undersigned, do hereby respectfully petition for approval of a site plan under the provisions of the Grosse Ile Township Zoning Ordinance. In support of the application, the following facts are provided:

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(complete if different from Applicant's information)

Property Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

**PROPERTY DESCRIPTION**

If the property is part of a recorded plat, complete the following

Location/Address \_\_\_\_\_

Side of Street  North  South  East  West

Nearest Cross Streets \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Section # \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Frontage in feet \_\_\_\_\_ Depth in feet \_\_\_\_\_

If the property is in acreage, provide the following

Sidwell # \_\_\_\_\_ Total Acreage \_\_\_\_\_



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**CURRENT ZONING CLASSIFICATION**

Subject Property \_\_\_\_\_

Adjoining Property/Properties

North \_\_\_\_\_ East \_\_\_\_\_

South \_\_\_\_\_ West \_\_\_\_\_

Name of Proposed Development \_\_\_\_\_

Improvements to be constructed

Name of Individual/Firm who prepared site plan \_\_\_\_\_

Preparer's address \_\_\_\_\_

**Fifteen (15) prints of the site plan showing the lot or parcel in question and the intended layout must be included with the application. These prints are made a part of the petition and should comply with the Grosse Ile Township Zoning Ordinance and current requirements.**

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

**Reviewing Agency (Comments)**

**Date Forwarded**

Building Inspector \_\_\_\_\_

Township Planner \_\_\_\_\_

Township Engineer \_\_\_\_\_

Township Fire Dept. \_\_\_\_\_

Twp. Sewer & Water \_\_\_\_\_

Planning Director \_\_\_\_\_

County Health Dept. \_\_\_\_\_

Planning Commission \_\_\_\_\_

Zoning Board of Appeals \_\_\_\_\_