SENSITIVE AREAS OVERLAY PERMIT APPLICATION
Community Development Department, City of Grand Haven
519 Washington Avenue, Grand Haven, MI 49417
Phone: (616) 935-3276    Website: www.grandhaven.org

1. Project Information
Address/location of property:________________________________________________________
Name of Development:_________________________ Parcel #:_____________________
Current Use:_________________________ Proposed Use:_________________________
Area in Acres:_________________________ Zoning District:_________________________
Zoning of adjacent properties:_____________________________________________________

2. Applicant
Name:_________________________ Company:_________________________
Address #:_________________________ Address:_________________________
Phone #:_________________________ Phone #:_________________________
Email:_________________________ Email:_________________________

3. Property Owner
Name:_________________________ Address:_________________________
Phone #:_________________________ Email:_________________________

- 2 copies of site plan
- 1 copy of the application (pg. 1 & 2 only)
- 1 copy of narrative (see page 3)
- Building elevations
- Landscape plan
- Existing topographic map
- Proposed topographic map
- Project phasing plan (if applicable)
- Required fee ($50)

5. All Other Projects: Planning Commission Review (see additional info on page 4)
- 2 copies of site plan
- 1 copy of the application (pg. 1 & 2 only)
- 1 copy of narrative (see page 3)
- Existing topographic map
- Proposed topographic map
- Building Elevations
- Landscape plan
- Project phasing plan (if applicable)
- Signage plan and details
- Required fees ($50 + escrow deposit)

A deposit of $1,500 shall be collected for all Planning Commission and Zoning Board of Appeals cases where it is expected that costs above staff time and one public hearing publication will be incurred. These expenses include additional public hearing notifications, attorney fees, engineering or surveying fees, or other special studies. Should expenses total more than the deposit, the applicant will be billed by the City for the additional costs, or additional escrow payment shall be required to complete the Planning Commission or Zoning Board of Appeals process. Should expenses total less than the deposit received, excess amounts shall be returned to the applicant.
6. Details of the Nature of Work Proposed (please identify materials and colors to be used)

By signing below, permission is granted for city staff, including Planning Commissioners, to enter the subject property for purpose of gathering information to review this request. In addition, the applicant agrees to perform the described work in accordance with all applicable Sections of the City of Grand Haven Code of Ordinances. Signer will insure that all inspection requests are made a minimum of 24 hours prior to the requested time.

Signature of Applicant: ___________________________ Date: ______________

Print Name: __________________________________________

Signature of Owner: ___________________________ Date: ______________

Print Name: __________________________________________

Office Use Only

Administrative Review: _____ Planning Commission Review: _____

Permit #: _______________ Date Received: _______________ Fee: _______________

Date of Approval: __________ Date of Denial: _______ Approved by: __________________
SENSITIVE AREAS OVERLAY DISTRICT NARRATIVE

See Section 40-422 of the Zoning Ordinance for a complete set of regulations.

M. The proposed use, expansion or improvement will not unacceptably impact the Sensitive Area or surrounding property or uses. In determining such issues, staff (if subject to staff review) or the Planning Commission (if subject to planning commission review) shall, at a minimum and not by limitation, consider at least the following factors:

1. Traffic generation and traffic flows, including any hazardous conditions:

2. Noise generation:

3. The effects of vehicles and paved driveways on the premises including, without limitation, the effects of exhaust, run-off, snow removal, noise, etc. resulting from the presence and use of vehicles and paved driveways as they relate to the Sensitive Area and the vegetation or animal life thereon:

4. Lot coverage:

5. Impacts upon wildlife and native plant species habitat:

6. Landscaping:

7. Compatibility with other uses and zoning in the vicinity:

8. Compatibility with neighboring properties:

9. The use of any herbicides, insecticides, other pesticides or hazardous substances on the site, including, without limitation, the effects of any run-off:

10. Native vegetation removal:

11. Any mitigation of any effects upon the sensitive area:

12. Long-term shoreline erosion estimates:

13. Other factors deemed by the Planning Commission to be important in the protection of the Sensitive Area.
PLANNING COMMISSION REVIEW PROCESS

See Section 40-422.04 and 40-115 of the Zoning Ordinance for a complete list of regulations.

For all projects other than those related to a single-family dwelling, the project is subject to Planning Commission review. Below is a list of filing deadlines and associated meeting dates. The applicant will be notified of the date, time and place of the meeting on the application not less than three (3) days prior to such date.

Following receipt of a complete application and supporting documentation, the Zoning Administrator and City Plan Review Team (Building Official, Public Works Director, Fire Marshall, and others) will review the plans and provide feedback to the applicant in advance of the Planning Commission meeting. The applicant will have an opportunity to revise their plans in advance of the Planning Commission meeting.

Please note that the Sensitive Areas Overlay Review is in addition to any site plan, special use, or permitting process that may be required to complete your project.

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<th>Filing deadline</th>
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