



## Planning & Zoning Application

218 N. Michigan, Shelby, Michigan 49455

Ph: 231-861-4401 Fax: 231-861-7449

E-mail: [administrator@shelbyvillage.com](mailto:administrator@shelbyvillage.com)

Select one or more of the items below, fees must be paid in full before any action can be taken. Items requiring Planning Commission action must be heard at a Public Hearing, published at applicants expense before action can be taken.

<input type="checkbox"/>	Residential additions, Detached Garage, Swimming Pool Permit \$25.00	<input type="checkbox"/>	Site Plan Review by Zoning Admin. \$25.00
<input type="checkbox"/>	Demolition (Razing), residential - \$50.00 + \$500.00 escrow		Items below require Planning Commission Review. Applicant must supply 11 copies of plans to the commission.
<input type="checkbox"/>	Demolition (Razing), Commercial - \$100 + performance Bond equal to demo cost	<input type="checkbox"/>	Commercial / Industrial Site Plan Review - \$300.00
<input type="checkbox"/>	Special Meeting – Actual cost of PC or Council wages	<input type="checkbox"/>	Special Use Permit - \$300.00
<input type="checkbox"/>	Variance - \$25.00 + Publication & any other cost	<input type="checkbox"/>	PUD - \$300.00
<input type="checkbox"/>	Ordinance Interpretation – Actual cost, min.\$500.00, excess refunded/returned	<input type="checkbox"/>	PUD - Amendment - \$300.00
<input type="checkbox"/>	Fence, Shed, Deck, Pad, Foundation, Wall & Overhang Signs permit- \$10.00	<input type="checkbox"/>	Zoning Amendments - \$250.00 + actual cost of Publication & Legal fees
<input type="checkbox"/>	Basic zoning compliance permit for structures not listed \$25.00	<input type="checkbox"/>	Rezoning - \$300.00

### Applicant Information:

Applicant is the:  Owner  Lessee  Contractor/Architect

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_  
 Email: \_\_\_\_\_

Organization: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate:

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

### Access Permission

I hereby grant permission for members of the Village of Shelby (Planning Commission) (Zoning Board of Appeals) (Village Council) (Staff) to enter the property described below (or as described in the attachments) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: \_\_\_\_\_

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

Address/Location of Subject Property: \_\_\_\_\_

Current Zoning & Use of Subject Property: \_\_\_\_\_

### If the applicant is not the owner of the property, complete the following:

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Site Plan:**

**Attach additional pages if necessary.**

**Fees:** All fees shall be paid in full prior to the scheduling of any reviews, meetings or hearings. All fees are non-refundable. The only refund exception is, if the Village has incurred no cost prior to the refund request. If the Village of Shelby has incurred any cost on behalf of the above request, only the unused portion of the fee will be refunded.

**Escrow funds;** If an escrow fee is required, the Village of Shelby Planning Commission shall determine the amount to be deposited with the Village Clerk. Funds shall be placed into a non-interest-bearing account and shall be used to pay any necessary expense resulting from the applicant's application. All unused escrow funds shall be refunded to the applicant upon Village Council approval.

**\*\*\*PLEASE ALLOW 5 BUSINESS DAYS FOR REVIEW AND APPROVAL BY ZONING ADMINISTRATOR\*\*\***

If application is for a variance, please attach one (1) copy of your site plan. If application requires Planning Commission review, please attach eleven (11) copies of a completed site plan and drawings.

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**TO BE COMPLETED BY VILLAGE**

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**Date application received and accepted:** \_\_\_\_\_

**Receipt Attached:**  Yes  No **Staff:** \_\_\_\_\_

**Meeting Date (if applicable):** \_\_\_\_\_

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Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a Freedom of Information Act Request is filed.

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