City of Buchanan Planning & Zoning 302 North Redbud Trail, Buchanan, Michigan 49107 Phone (269) 695-3844 x 19 Fax (269)695-4330

General Information Application For Land Development

(Complete application must be filed with the Zoning Administrator)

1. Applicant and Owner Information

Applicant(s) Principle Contact:	Property Owner(s) Principal Contact:			
Name Sardor Vakhidov	Name			
Address 2523 S 165th St	Address			
City Omaha	City			
State NE Zip 68130	State	Zip		
Telephone251-213-4341	Telephone			
Secondary Contact:	Archi	tect (if applicable):		
NameRhett Johnson	Name			
Address5030 Mary Hill Rd	Address			
CityActon	City	State		
State MI <u>zip 93510</u>		Zip		
Agent or Attorney:		Engineer (if applicable):		
Name Ashley Petriches	Name			
Address 1129 N Washington ave	Address			
City Lansing	City			
State _MI Zip _48906	State	Zip		
Is this property held in a trust? [X] No Name of trust	attachme	[] Yes Note – for all trusts–Provide, as an attachment, a statement from the trustee verifying the names of all owners		
Address City		State Zip		

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2. Applicant and Purpose of Application a. Applicant is (check one) [] Property Owner X Attorney [] Agent [] Other (specify) b. This application is a request for the following City of Buchanan action (check the appropriate action(s) requested. [] Rezone of Property X | Special Use Permit [] Zoning Variance(s) [] Land Division Approval [] Plan Review with Plan Commission [] Condominium Approval Other Action (please specify) c. The reason for the requested action(s) are as follows: Applicant requests licensing as a Class C Grow under MRTMA MCL 333.27959. d. The specific section(s) of the Zoning Ordinance or other City ordinance(s) which address the amendment, variance, or other action which is being requested: e. The following questions must be answered only if the application contains a request for a zoning variance: (1) Are the conditions which prevent the development of the property the result of action by an individual who has or had the property interest in the subject property? **X**] No (2) If the conditions were self – imposed (not hardship), please explain why the variance should be granted?

3. Site and Surrounding Property Information a. Common address or property location of subject property: 402-404 S Oak St. Buchanan, MI b. Legal Description (Attach additional sheet if necessary): LOT 13 A C DAYS ADD TO CITY OF BUCHANAN EXC MC RR/LOTS 14, 15 &16 AC DAYS ADD & THAT PTOF SEC 35 T7S R18W CITY OF BUCHANAN DES AS COM AT NW COR LOT 13 SD ADDITION TH S TO SW COR OFLOT 16 TH W TO MC COYS CREEK TH NELY ALONG CREEK TO PT DUE W OF BEG TH E TO BEG c. Permanent Real Estate Tax Identification Number: 11-58- 15000014009 and 11-58-150000013002 10,668 d. Parcel Size: square feet 1.25 acres 264 dimension of lot frontage Irregular dimension of lot depth e. What are the current land uses and zoning on the land and adjoining parcels of land surrounding the site? **Current Zoning** Current Use of Land Industrial Industrial On Site Property Abutting – North of Site Industrial Property Abutting – South of Site Industrial Property Abutting – East of Site Industrial Property Abutting – West of Site Industrial f. Describe any existing structures and the physical attributes of the site: 3 large commercialuse buildings

Description of the Proposed Development

a. Please describe the proposed use of the land and/or buildings assuming approval of the request						
Class C Cultivation under the MFMLA.						
b. What is the	proposed time fram	e for the build – out of th	ne proposed developme	nt? 30 days		
		buildings, square footages with the required num				
Building Use	Number of Buildings	Building Area (sq. ft.)	Total Building (sq. ft.)	Req. Parking		
Single Family						
Multi Family						
Retail						
Office						
Industrial	3	2,068 sqft, 2,604 sqft, and 5,960 sqft	10,632 st ft			
Other						
Other please spe	ecify type of use					
Totals3						
d. Please desc Building Use	cribe the number of v	water and sewer connect	ions this development v Sewer Connection	will require:		
Single Family		<u>.</u>				
Multi – Family						
Retail						
Office						
Industrial						
Other						
Other please spe	ecify type of use					
T . 1						

e. '	e. Will the building within this proposed development house any hazardous materials at occupanc [X] No [] Yes – Please continue by describing the type and quantity of materials				
Th and		approve all site and building plans. This application d by the Fire Chief or his designee. This approval			
	Approval Date:	Conditions Attached			
	By:	[] No			
5. .	Required and Requested Attachments				
a.	Plat of survey with legal descripti	on.			
b.	count, drainage patterns including detention	ct showing traffic patterns, parking locations and areas, landscape plans, landscaping plans, pattern, building façade portrait and building size			
c.	Floodplain / hazard map (engineers subject project).	s drawing or FEMA map showing location of			
d.	Please include any additional comments or pattachment to this application.	pertinent information below or on separate			

6. Signature and Declaratory Statement

a.	Please describe the reason that this petition should be granted:
Τŀ	ne approval of this application will result in many benefits to the community. We plan to
up	odate the premises, bring employment oppurtunities to the community, and generate
m	ore tax revenue for the city.
b.	Required Attendance at Public Hearing and / or Plan Commission Meeting(s): The Plan Commission and the Board of Appeals have established a policy requiring the applicant or a designed representative of the applicant shall be present at any meeting or public hearing at which the matter will be considered. Failure of the applicant or designee of the applicant to appear before the Plan Commission or Board of Appeals is ground to postpone consideration of the application.
	Declaratory Statement: I
	Applicant Signature:
d.	Notary Public Certification Statement
I	Ashley A Petriches , Notary Public in and for the State of Michigan
	hereby state that on the day of August , 2021, the above
	captioned Applicant appeared before me and, under oath, stated that all matters contained in this
	Application for Land Development are true. Notary Public My commission expires 04/19/2025
-	The following signature is required, for verification that this is a valid and complete application to be considered by the Plan Commission or Zoning Board of Appeals. Date Zoning Administrator

Meeting date for initial review:

CITY OF BUCHANAN, MICHIGAN

SITE PLAN CHECKLIST

ITEMS REQUIRED ON SITE PLAN

- 1. Site Plan Drawn to scale -1" = 100" or larger (example: 1" = 60", 1" = 50', 1" = 40' etc.)
- 2. Name of Project Noted.
- 3. Owner's and/or Developer's Name and Address Noted
- 4. Architect and or Engineer's Name and Address Noted
- 5. Date
- 6. Scales of Drawing Noted on Plan
- 7. Existing Topography Shown at Intervals Not Less than Two (2) Feet
- 8. Building Coverage Noted (percentage of total size and total square footage to be shown)
- 9. Total Number of Parking Spaces Noted and Shown on Drawing
- 10. Building Dimensions Shown
- 11. Indicate Height of Buildings
- 12. Street Names Indicated (Existing and Proposed)
- 13. Indicate Existing and Proposed Right-of-Ways
- 14. North Arrow Shown
- 15 Locate Existing and Proposed Sanitary Sewers, Storm Sewers and Water Mains (Note for purposes of site plan review the proposed utilities need only be shown roughly)
- 16.Locate any Existing and Proposed Storm Water Detention / Retention Areas
- 17.Locate Existing Trees and Plantings
- 18. Note Location of Proposed Plantings
- 19. Note Location of all Sidewalks
- 20. Rough Sketches Showing Architectural intent.