



# Site Plan Review Application

Application Fee \$300  
Additional Fees May Apply

*The Village of Friendliness—Since 1870*

### Property Information:

Address or Location: 1 Swingbridge Lane

Parcel Number: common area Property Size: 4.4 +/- acres

Zoning District – Current: consent judgement Proposed Zoning District (if applicable): \_\_\_\_\_

Existing Use of Building/Property: Condominium Development Special Use (if applicable): \_\_\_\_\_

Type of Project (Residential or Commercial): Residential

Describe Proposed Project: This submission is for review of an updated site plan that incorporates minor amendments to the existing plan. These revisions are intended to provide clarity in areas where the original plan lacked sufficient detail.

Estimated Project Cost: NA

### Site Plan Review Application Requirements

Yes, I have read the City of Douglas Zoning Ordinance Article 24 Site Plan Review

Y N N/A

- Completed Site Plan Review application
- Plot Plan
- Legal Description
- Narrative Description

I Kevin Einfeld hereby state that all the above statements and all the accompanying information are true and correct.

Signature of Owner/General Contractor

10/3/24

Date

Email Address: dcontant@bdrinc.com

Phone: 616.458.8505

FOR INTERNAL USE ONLY

**CITY OF DOUGLAS ZONING REVIEW**

Approved  Conditional Approval  Denied  Permit Number \_\_\_\_\_

Rationale \_\_\_\_\_

Fee Paid  Plot Plan Submitted  Application Complete  Legal Description Included  Narrative Description Included   
MDEQ Permit Required  Allegan Health Dept. Permit Required

Plans sent to Saugatuck Township Fire Department on: \_\_\_\_\_ Approved on: \_\_\_\_\_

Plans reviewed by Planning Commission on: \_\_\_\_\_ Approved on: \_\_\_\_\_ (Attach Minutes)

Submitted By: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_  
City Staff (Initials) & Delivery Method KLSWA Representative

Submitted By: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_  
City Staff (Initials) & Delivery Method MTS Representative

\_\_\_\_\_  
*Signature of Planning & Zoning Administrator* *Date*

**KALAMAZOO LAKE SEWER AND WATER AUTHORITY REVIEW**

Connection to Water / Wastewater System (Subject to appropriate connection and inspection fees)

Approved  Conditional Approval  Denied  Permit Number \_\_\_\_\_

Rationale \_\_\_\_\_

Street and Number \_\_\_\_\_

\_\_\_\_\_  
*Signature of KLSWA Administrator* *Date*

P012092021P2