



Site Plan Review Application

New Construction - \$1,000 Fee & \$2,000 Escrow
Expansions exceeding 15% of the existing floor area - \$500 fee & \$1000 Escrow
Expansions NOT exceeding 15% of the existing floor area - \$300 fee & \$1,000 Escrow

The Village of Friendliness - Since 1870

Applicant Information

Company Name: Brivar Construction Company Applicant Name: Jeremy Hunton
Phone Number: 810-701-9749 Email Address: j.hunton@brivar.com
Mailing Address / PO Box: 9325 Maltby Rd. City: Brighton State: MI Zip: 48116

Property Information

Owner/Agent Name: Saugatuck Fire Department
Phone Number: 616-836-6266 Email Address: gjanik@saugatuck-fire.org
Address: 415 Wiley Rd. City: Douglas State: MI Zip: 49406
Parcel Number: 59-021-016-00 Property Size: 7.477 Zoning District: _____
Acres

Proposed Use: Office space and apparatus garage for the Saugatuck Fire Department
Project Description: Renovation of an existing 6,612 SF office space and a 90'x93' (8,370 SF) Apparatus garage addition to the existing building. This new space will be utilized for the operation of the Saugatuck Fire Department.

Review Application Requirements: (for Site Plan requirements please see Article 24, City of Douglas Zoning Ordinance)

- | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| Y | N | N/A | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed Site Plan Review Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Description/Narrative |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Application Fee - <i>waived</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide one (1) digital copy Emailed and fourteen (14) folded copies of the site plan |

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

Signature of Applicant: [Signature] Date: 5/28/26

FOR INTERNAL USE ONLY

CITY OF DOUGLAS ZONING REVIEW			
Approved <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>	Denied <input type="checkbox"/>	Permit Number _____
Rationale _____		Fee Paid <input type="checkbox"/>	Application Complete <input type="checkbox"/>
Plans reviewed by Planning Commission on: _____ Approved on: _____ (Attach Minutes)			
Signature of Planning & Zoning Administrator _____		Date _____	