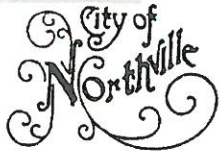


Clear Form

215 WEST MAIN STREET
NORTHVILLE, MI 48167
(248) 449-9902

CITY OF NORTHVILLE
Cashier Validation 103
Date Entered: 08/25/2020 1:48:00 PM
Posting Date: 08/25/2020
Ref PC APPLICATION FEES
Receipt 170312
Amount \$700.00
Received From:
410 NORTH CENTER

SITE PLAN APPLICATION

Refer to Article 19 of the City of Northville Zoning Ordinance for Site Plan Review Procedures and Standards. The Zoning Ordinance is available on the City's website www.ci.northville.mi.us.

See Page 4 for Application Submission requirements and Procedures for Appearing before the Planning Commission. Refer to the Development Review Fee Schedule at www.ci.northville.mi.us for current fees.

Check appropriate review to be completed:

- ☒ **SITE PLAN REVIEW:** Is this for ☐ Preliminary Review ☒ Final Review
- ☐ **CHANGE OF USE** (for proposed development which requires additional parking)
- ☐ **MINOR SITE DEVELOPMENT** (review by City Manager, PC Chair, and City Planner)

TO BE COMPLETED BY APPLICANT

Name of Sponsor of Development: Center Street Wealth Strategies
Address 410 North Center, Suite 150 Northville, MI 48167
Telephone 248-305-5278 Email nbonn@centerstreetws.com

Name of Property Owner: Center Street Wealth Strategies
Address: 410 North Center, Suite 150 Northville, MI 48167
Telephone 248-305-5278 Email nbonn@centerstreetws.com

Name of Site Planner: M Architects
Address: 114 Rayson Street, Suite 2c Northville, MI 48167
Telephone 248-349-2708 Email robert@marchitects.com

Name of Contractor: TBD Builders License No: _____
Address: _____

Name of Engineer: Zeimet Wozniak
Address: 55800 Grand River, Suite 100 New Hudson, MI 48165
Telephone 248-437-5099 Email awozniak@zeimetwozniak.com

*Point of Contact for this Project/Application to Receive City Department Internal Reviews

Point of Contact information must be provided in order to receive City Department Internal Reviews prior to the Planning Commission Meeting. Only ONE Point of Contact shall be designated. This person is responsible for forwarding the Internal Reviews to the interested parties. The Internal Reviews are sent via EMAIL.

Name Robert E Miller Email Address robert@marchitects.com

LOCATION OF PROJECTProperty Address: 224 South Main StreetCross Streets: South Main and Beal StreetSubdivision: _____ Lot No: 96Lot Size: 8,911 sq.ft. Zoning District: GCDLocated in the Historic District: ☒ *Yes ☐ No *IF YES, APPLICATION MUST ALSO BE MADE TO THE HISTORIC DISTRICT COMMISSION FOR APPROVAL.APPLICATION IS FOR ☐ Preliminary Approval ☒ Final Approval**TYPE AND COST OF BUILDING – All applicants must complete parts A – D****A. TYPE OF IMPROVEMENT:**

New Building

1. ☐ Addition (If residential, enter number of new housing units added, if any in part D 13)
2. ☐ Alteration (see 2 above)
3. ☐ Repair, replacement
4. ☒ Demolition (If multi-family residential, enter number of units in building in part D 12)
5. ☐ Moving (relocation)
6. ☐ Foundation only

B. OWNERSHIP

- 8a. ☒ Private (individual, corporation, non-profit instruction, etc.)
- 8b. ☐ Public (Federal, State, or local government)
9. ☐ Proof of ownership (**required**). Proof shall consist of Title Insurance, Purchase Agreement. **Must** have Names of the principal owners involved in any Corporation, Partnership, etc.

C. COST:

10. ☒ Total Cost of Improvement \$ 750,000

To be installed and included in the above cost:

- a. Electrical _____
- b. Plumbing _____
- c. Heating, Air Conditioning _____
- d. Other (elevator, etc.) _____

D. PROPOSED USE – for “demolition” indicate most recent use

- | | |
|--|---|
| 11. <input type="checkbox"/> One Family | 19. <input type="checkbox"/> Industrial |
| 12. <input type="checkbox"/> Multi-family # of units _____ | 20. <input type="checkbox"/> Parking |
| 13. <input type="checkbox"/> Transient hotel, motel, dormitory
Enter # of units _____ | 21. <input type="checkbox"/> Service station, repair garage |
| 14. <input type="checkbox"/> Garage | 22. <input type="checkbox"/> Hospital, institutional |
| 15. <input type="checkbox"/> Carport | 23. <input checked="" type="checkbox"/> Office, bank-professional |
| 16. <input type="checkbox"/> Other – specify _____
_____ | 24. <input type="checkbox"/> Public utility |
| 17. <input type="checkbox"/> Amusement, recreational | 25. <input type="checkbox"/> School, library, etc. |
| 18. <input type="checkbox"/> Church, other religious | 26. <input type="checkbox"/> Stores, mercantile |
| | 27. <input type="checkbox"/> Tanks, towers |
| | 28. <input type="checkbox"/> Other - specify _____ |

NON RESIDENTIAL – describe in detail the proposed use of building, e.g. food processing plant, machine shop, laundry building or hospital, elementary school, college, parochial school, parking garage for department store, rental office building, office building at an industrial plant. If use of existing building is being changed, enter proposed use.

New 3,171 (gross) square foot, 2-story office building with on-site parking.

SELECTED CHARACTERISTICS OF BUILDING

For new buildings and additions, applicant shall complete parts E – L. For demolition, applicant shall complete only part J.

E. PRINCIPAL TYPE OF FRAME

- | | |
|--|--|
| 29. <input type="checkbox"/> Masonry (wall bearing) | 32. <input type="checkbox"/> Reinforced Concrete |
| 30. <input checked="" type="checkbox"/> Wood Frame | 33. <input type="checkbox"/> Other – specify _____ |
| 31. <input checked="" type="checkbox"/> Structural Steel | |

F. PRINCIPAL TYPE OF HEATING FUEL

- | | |
|---|--|
| 34. <input checked="" type="checkbox"/> Gas | 37. <input type="checkbox"/> Coal |
| 35. <input type="checkbox"/> Oil | 38. <input type="checkbox"/> Other – specify _____ |
| 36. <input type="checkbox"/> Electricity | |

G. TYPE OF SEWAGE DISPOSAL

- | | |
|---|--|
| 39. <input checked="" type="checkbox"/> Public or private company | 40. <input type="checkbox"/> Private (septic tank, etc.) |
|---|--|

H. TYPE OF WATER SUPPLY

- | | |
|---|--|
| 41. <input checked="" type="checkbox"/> Public or private company | 42. <input type="checkbox"/> Private (well, cistern) |
|---|--|

I. TYPE OF MECHANICAL

- | | | |
|-------------|---|--|
| Central Air | 43. <input checked="" type="checkbox"/> Yes | 44. <input type="checkbox"/> No |
| Elevator | 45. <input type="checkbox"/> Yes | 46. <input checked="" type="checkbox"/> No |

J. DIMENSIONS

47. Number of stories 2
48. Total square feet of floor area, all floors based on exterior dimensions 3,171
49. Total land area, square feet 8,911

K. NUMBER OF OFF STREET PARKING SPACES50. Enclosed _____ 51. Outdoors 19.2**L. BEDROOMS/BATHS**52. Number of bedrooms 053. Number of baths 0 Full baths 0 ½ baths**M. COMPLETE APPENDIX D "SITE PLAN REVIEW CHECK LIST" Pages 5-9 of this application****Procedures to Appear Before the Planning Commission**

- Fill out the application with any backup documentation attached (i.e. blueprints, drawings, plot plans etc.)
- Make **20** copies of the application and backup documentation and assemble them into 20 identical packets. Application must be on top and backup documents must be folded to the same size as the application. Submissions in folders, binders, etc are not accepted. **One PDF file of site plans or document larger than 11"x17" must also be provided at time of submission and emailed to dmassa@ci.northville.mi.us.**
- Submit the documents to the Building Department no later than 4:00 p.m. the day of the deadline. The deadline to submit applications and documentation is **21** days prior to the meeting date. If this date falls on a Saturday or Sunday, applications must be submitted on the Friday prior to the due date. Deadlines may also be moved due to holidays and newspaper publication schedules. Follow the submission schedule posted at the Building Department or on the City's website www.ci.northville.mi.us.
- Planning Commission meetings are held the 1st and 3rd Tuesdays of the month at 7:00 p.m. in the City Council Chambers. If there is a change in date or location, it will be posted on the City's website and at City Hall.
- The applicant or a representative should be present at the meeting to answer any questions the commissioners may have. Presentation boards or other large items can be brought to the meeting to help the commissioners in the decision making process.

APPLICATION CHECK LIST

- ☐ Site Plan Application – completed in its entirety and signed. Unsigned applications are not accepted.
- ☐ Site plans, Sketches, etc. – hard copy
- ☐ Appendix D – Site Plan Review Checklist
- ☐ Proof of ownership (See page 2)
- ☐ All of the above assembled into 20 identical packets – no binders, folders, etc.
- ☐ PDF file of any sketch, site plan, or document larger than 11"x17" **emailed to dmassa@ci.northville.mi.us.**
- ☐ Fee (see Development Review Fee Schedule) – Applications submitted without fees are not considered a timely submission, and shall be deferred to a future meeting.

*I hereby certify that the owner of record authorizes the proposed work and that the owner has authorized me to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. The applicant hereby expressly acknowledges and agrees that by signing this document, the applicant is fully responsible for any and all fees, costs, and/or expenses which are associated with this application whether approval of the application is granted or not. In the event that the City of Northville is required to take any type of action, legal or otherwise, to collect any amount due or owing by the applicant, then the applicant expressly agrees to pay for any and all costs and expenses, including attorney fees, incurred by the City of Northville in having to collect any such amount due or owing by the applicant. **This section must be completed and signed or application will not be accepted.***

Robert E Miller

PRINT name of applicant

Robert E Miller

Signature



Print the applicant's full legal name (individual or company)

114 Rayson Street, Suite 2C Northville, MI 48167

Provide the applicant's complete address

Architect

248-349-2708

Relationship to owner

Phone #

APPENDIX D

SITE PLAN REVIEW CHECKLIST

To be Completed by Applicant A - G

General Requirement of Overall Development Plan

Submission shall consist of drawings shown at a scale of not less than 1 inch equals 50 feet on a standard sheet size of 24' x 36'. A scale of 1 inch equals 100 feet when conditions warrant or do not allow the use of the standard sheet size at a scale of 1 inch equals 50 feet may be permitted. Architectural elevations and floor plan details shall be drawn to a minimum scale of 1/8 inch equals 1 foot. The appropriate number of drawing/plans as provided in the adopted administrative rules together with the required application and fees shall be submitted to the Building Department. **One PDF file of drawings larger than 11x17 must also be provided at time of submission, email to dmassa@ci.northville.mi.us**

Included in the development plan shall be the following information. If required items of information are not applicable, the applicant shall indicate reason why the information is not necessary. The Planning Commission shall determine if a waiver for the required items of information is appropriate for preliminary and final site plan submittal.

A. TITLE BLOCK INFORMATION

1. Proprietor's Name and Address
2. Name of community where project is proposed
3. Scale of drawing
4. Revision block (month, day, year)
5. Name of Architect, Engineer, Surveyor, Landscape Architect or Planner and Professional Seal.
6. Legal Description of the Parcel

INFORMATION		
Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

B. LEGEND INFORMATION

1. Area of Parcel Proposed for Development
2. Zoning Classification of the Site
3. If Residential, show density calculations (i.e.: dwelling units per acre or bedrooms per acre)
4. If Commercial or Industrial show gross and useable floor area
5. Proposed and Existing Land Uses
6. Number of Parking Spaces Provided and Number Required by the Zoning Ordinance
7. Number of Loading & Unloading Spaces if Required & Number Required by the Zoning Ordinance
8. Percent of Parcel Covered by Main & Accessory Buildings

INFORMATION		
Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		

C. AREA PLAN/COMMUNITY LOCATION

1. Relationship of the Proposed Development to a larger portion of the Community, generally with respect to the closest major arterial intersection.
2. Extent of Proprietors land if more than subject property
3. Zoning classification of all contiguous properties
4. Location of all contiguous buildings
5. Location of driveways opposite development and nearest driveways on contiguous street fronting property
6. Location and size of all off site utilities and utility easements
7. North Arrow

INFORMATION

Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

D. SITE PLAN DEVELOPMENT

1. Location and uses of all proposed and existing buildings
2. Dimensions from all exterior property lines to proposed and existing buildings
3. Existing and proposed grades shall be shown throughout site
4. If development is in phases, total over all conceptual development shall be shown together with details of Phase I
5. On site utilities, their location and connection to off-site utilities
6. Internal circulation pattern and points of ingress and egress to the site and relationship to external points of ingress and egress near or opposite the site
7. Location and design of all parking facilities & loading & unloading areas
8. Construction standards for all drives, walks and parking lots
9. Provisions of acceleration, deceleration and passing lanes
10. Location of trash receptacles, transformer pads or other utility surface structure
11. Applicable barrier free design rules

INFORMATION

Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

E. ARCHITECTURAL PLAN DETAILS

1. Proposed architectural elevations
2. Floor plan layout to show:
 - a. Dwelling unit type (for multiples)
 - b. Useable floor space (for other)
 - c. Proposed use (for other)
3. Structural details for application of performance bonds

INFORMATION

Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION

Provided	Not Provided	Reason N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

F. LANDSCAPING, LIGHTING AND SIGN DETAILS

1. Green spaces, screening walls and/or berms and fencing with details and cross-section around parking stations, trash receptacles, utility structures and for screening adjacent properties
2. Landscaping specifications showing planting materials, species and number noted in landscape legend
3. Exterior lighting with locations and methods of shielding
4. Directional signs, location and size and design
5. Advertising signs, location, size and design

INFORMATION

Provided	Not Provided	Reason N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

G. GENERAL REMARKS

NOTE: FAILURE TO SUBMIT PLANS THAT DO NOT ALLOW THE PLANNING COMMISSION TO ADEQUATELY ADDRESS ALL THE CRITERIA PROVIDED FOR THE REVIEW BY THE PLANNING COMMISSION ACCORDING TO ARTICLE 19 OF THE ZONING ORDINANCE AND THE SITE PLAN CHECK LIST SHALL RESULT IN A DELAY TO THE APPLICANT.

TO BE COMPLETED BY THE CITY

CASE # _____

DATE _____

Application Fee: \$ _____ Date filed with Building Dept: _____

Date submitted to Planning Commission: _____

Approval: Date and Signature of Secretary: _____

Disapproval*: Date and Signature of Secretary: _____
(*Reason for disapproval attached)

Conditional Approval*: Date and Signature of Secretary: _____
(*Conditions of approval attached)

Revised Site Plan submitted: (Date) _____

All conditions have been met and the revised Site Plan is in accordance with the conditions of approval attached.

Revised Site Plan Approved:

(Signature of Building Inspector)

(Date)

Comments:

NOTE: THIS PROCESSING FORM, TOGETHER WITH ALL CORRESPONDENCE, IS TO BE ATTACHED TO THE PLANNING COMMISSION'S "OFFICIAL COPY" OF THE SITE PLAN, FORMING A PERMANENT RECORD REGARDING THE PLAN SUBMITTED. THE "OFFICIAL COPY" TOGETHER WITH ALL ATTACHED DATA SHALL BE RETURNED TO THE PLANNING COMMISSION FILES AFTER PROCESSING.

CITY USE ONLY

PLAN REVIEW RECORD

Plan Reviews Required

Date Plans Approved

Approved By

Building

Plumbing

Mechanical

Electrical

Police Department

Fire Department

City Engineer

Other

Building Permit #

FOR DEPARTMENTAL USE ONLY

Building Permit Issued _____
(date)

Use Group _____

Building Permit Fee \$ _____

Fire Grading _____

Live Loading _____

Certificate of Occupancy \$ _____

Occupancy Load _____

Drain Title \$ _____

Plan Review Fee: \$ _____

Approved By:

(signature)

(title)