



## Administrative Site Plan Review Application

4243 Remembrance Rd., N.W.  
Walker, MI 49534

Walker City Staff Contact:

Tricia Anderson  
Planner Director/  
Zoning Administrator (616) 791-6879  
tanderson@walker.city

**ALL SUBMITTED PLANS MUST BE FOLDED  
ROLLED PLANS WILL NOT BE ACCEPTED.**

***Please check nature of request***

- Change to an approved site plan (94-287)
- Non-Residential building addition not exceeding 25% existing floor area OR 5,000 SF, whichever is less (94-278)
- Parking Lot addition
- Minor modification to an approved FASP (94-213(10)b.4)

**Section A**

**Name of Proposed Development:**

**Address(es) of Project:**

Permanent Parcel Number(s): PLEASE ATTACH LEGAL DESCRIPTION(S)

Current Zoning District:

Owner Name:

Owner Phone:

Owner Email:

Owner Mailing Address:

Applicant Name (If different from owner):

Applicant Phone:

Applicant Email:

Applicant Mailing Address:

**DESCRIPTION OF PROPOSED DEVELOPMENT:**

**Section B**

Civil Engineer Name:

Engineering Firm:

Engineer Phone:

Engineer Email:

Engineer Mailing Address:

Architect Name:

Architectural Firm:

Architect Phone:

Architect Email:

Architect Mailing Address:

Other persons, firms, or corporations having legal or equitable interest in the land (names and contact information):

**STATEMENT OF FEE RESPONSIBILITY AND AGREEMENT**

I (we) the undersigned certify that the information contained on this application form and the required documents attached hereto are to the best of my (our) knowledge true and accurate.

I (we) further grant access to the site to City of Walker staff and Planning Commissioners.

**SIGNATURE OF APPLICANT AND PROPERTY OWNER REQUIRED**

The applicant and property owner agree to pay the escrow charges that result from review of this project. Escrow fees shall be deposited at the time of application.

A building permit may be withheld if a project has any outstanding bills.

**I have completed this application and have submitted with this application the appropriate fees and escrow monies and agree to the City of Walker Escrow Policy. I further grant access to the site to City of Walker staff and Planning Commissioners.**

\_\_\_\_\_  
\*Owners Signature & Date (if different from applicant)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*THE PROPERTY OWNER MUST SIGN THIS APPLICATION**

Walker City Staff Contact:

Tricia Anderson  
Planner Director/Zoning Administrator (616) 791-6879  
tanderson@walker.city

Chuck Dyk  
Building Official (616) 791-6857  
pci@walker.city

Sherry Wierzbicki and Laura Lundy  
Community Development Dept. Specialists  
(616)791-6858  
cdd@walker.city

**ALL SUBMITTED PLANS MUST BE FOLDED ROLLED**  
**PLANS WILL NOT BE ACCEPTED.**