



Application for Administrative Review
CITY OF THE VILLAGE OF DOUGLAS, MICHIGAN
 Phone: 269-857-1438 Fax: 269-857-4751
www.ci.douglas.mi.us

PROPERTY INFORMATION

Address or Location _____
 Permanent Parcel # _____
 Zone District (Current) _____ (Proposed) _____
 Property Size _____ (If Applicable)

TYPE OF CONSTRUCTION (check all that apply)

Residential: New Construction _____ Relocation _____
 Residential Remodel: Interior _____ Exterior _____
 Residential Addition _____ Residential Accessory Structure _____ Boardwalk/Dock _____
 Site Plan Amendment _____

For All other project types see the requirements for Site Plan Review and request an appointment with the Zoning Administrator.

Describe Proposed Project

Estimated Project Cost _____

I _____ hereby state that all of the above statements and all of the
 (applicant)
 accompanying information are true and correct.

 Signature of Owner/General Contractor

 Date

Fee:
 New Single/Two-Family Home \$100
 Residential Additions \$50
 Accessory Structure/Deck \$25

DO NOT WRITE IN THIS BOX

Date Received _____ Application Accepted By _____ Fee Paid \$ _____
 Submitted Materials: _____ Plot Plan _____ Application _____ Legal Description _____ Narrative Description _____

For Office Use Only

REMARKS

Other (Where Applicable):

Plans sent to Saugatuck Fire District on: _____
Approved on: _____

Planning Commission Review on: _____
Minutes attached: _____

Zoning Board of Appeals Review on: _____
Minutes attached: _____

Faxed to KLWSA (269-857-1565) on: _____

Faxed to MTS (269-673-9583) on: _____

KLSWA APPROVAL

APPROVED FOR CONNECTION TO WATER/WASTEWATER SYSTEM
(Subject to appropriate connection fees and charges)

Street and Number _____

KALAMAZOO LAKE SEWER AND WATER AUTHORITY

APPROVED

Date: _____ By: _____

DENIED

Date: _____ By: _____

ZONING APPROVAL

APPROVED: _____

By: _____ Date: _____

Zoning Administrator

DENIED: _____

By: _____ Date: _____

Zoning Administrator