



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org | info@portsheldontwp.org

PUD APPLICATION

Submit at least 28 days prior to desired meeting to:
Port Sheldon Township
16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

Name of Applicant _____ Phone # _____

Mailing Address of Applicant _____

Name of Owner (if different) _____

Owner mailing address and phone number _____

Email addresses _____

Parcel number of subject property _____

Address of subject property _____

Current zone district of subject property _____

Applicants interest in property _____

Present use of site: property and or structure _____

Proposed use of site: property and or structure _____

Size of existing and or proposed structure and parcel _____

Description of existing or proposed structure _____

Describe the nature of your request _____

If there has been a previous request involving this PUD, please state the date of filing, the nature of the request and disposition of same _____

Signature of Applicant/Owner/Agent (circle one) and date

FILING FEE \$1,500.00 (each board+)*

**Requires escrow account for \$10,000.00 to offset additional engineering, planning, or legal costs incurred by the township per application. If the amount held in escrow becomes less than 10% of requires amount, then funds shall be added to at least the originally required amount. Unused funds shall be returned to the applicant.

THIS APPLICATION MUST BE ACCOMPANIED BY A SITE PLAN.