

Application for Private Access Ways

RETURN TO: WEST TRAVERSE TOWNSHIP

8001 M-119 PO Box 528 Harbor Springs, MI 49740

PHONE: (231) 526-7361 FAX: (231) 526-0028 EMAIL: zoning@westtraversetownship.gov

DATE RECEIVED _____

CASE # _____

FOR OFFICE USE ONLY

\$ _____

FEE

DATE PAID _____

PLEASE MAKE CHECKS PAYABLE TO WEST TRAVERSE TOWNSHIP

Applicant's Name _____ Phone _____

Applicant's Address _____

Applicant's Email Address _____ @ _____

Owner's Name _____

Owner's Address _____

Owner's Email Address _____ @ _____

JOB SITE LOCATION

Address: _____

Tax Parcel # (that will use the proposed private access way): _____ Zoning District: _____

Contractor: _____

DESCRIBE PROPOSED ACCESS WAY (INCLUDING START AND END POINT):

REQUIRED USE INFORMATION

Current use of the property that will use the proposed access way: _____

Proposed use of the property that will use the proposed access way: _____

Describe how the proposed private access way will meet the standards of Section 414.2 of the West Traverse Township Zoning Ordinance: _____

PLEASE ATTACH

Site Plan* – 9 full-sized copies in addition to 1 11”X17” copy and 1 digital copy

INSPECTIONS

As owner and/or applicant representing the owner, I do ☐ do not ☐ authorize West Traverse Township (staff, appointed board, trustees or committee members) to enter upon the subject property for purposes of making inspections related to the project or request identified in this application. If authorized, such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all of the above information is accurate to my fullest knowledge:

Signature of Applicant

Printed Name of Applicant

Date

(Required) Signature of Property Owner

Printed Name of Property Owner

Date

***Site plan shall show all information listed in the Site Plan Review Checklist (Section 504 of the Zoning Ordinance) unless specifically waived by the Planning Commission.**

All information is due at least 15 days prior to the meeting at which the Planning Commission will review the request.

PRIVATE ACCESS WAYS CHECKLIST

Case # _____

Date Received _____

Subject Property Address _____

Subdivision and Lot Number (If Applicable) _____

Private Access Way Requirement	Yes	No	Comments
Emergency vehicle access (§414.2 E)			
Easement agreement (§414.2 G)			
Maintenance agreement (§414.2 G 4)			
Emmet County Road Commission permit			

Applicant's Signature

Date