

## **Charter Township of Garfield**

## **Grand Traverse County**

3848 VETERANS DRIVE TRAVERSE CITY, MICHIGAN 49684 PH: (231) 941-1620 • FAX: (231) 941-1588

## ECCDOM AND DEVIEW (ED) ADDITION

	ESCROW AND	REVIEW (ER) APPLICATION	
what is associated	ociated with a typical application. In these	wnship to obtain professional reviews or other assistance above and beyond cases, an escrow account may be established to cover the additional expenses an escrow account is listed below. Each escrow account may need to be quired for completion of the application.	
PROJECT	/ DEVELOPMENT NAME		
<u>APPLICA</u>	NT INFORMATION		
N	ame:		
A	ddress:		
P	none Number:		
E	nail:		
	the responsibility of the Applicant to m n is not updated, a refund of the escro	naintain up to date contact information with the Township. If the own may be delayed or not possible.	
PROPER	TY INFORMATION		
Pi	oject Name:		
	ddress:		
P	arcel:		
С	urrent Use:		
Pi	roposed Use:		
TYPE OF	REVIEW:	REQUIRED ESCROW AMOUNT:	
□ <b>W</b>	ater/Sewer	To be determined by Township Engineer	
□ St	ormwater	\$2,000	
□ P	ivate Road	\$1,000	
□ Tı	affic Impact Study	\$1,000	
□ Le	egal	To be determined by Township Attorney	
О	ther review:	To be determined	
DEVELOR	PMENT ON PROPERTY		
Area (sq. ft.) Currently Developed:			

Area (sq. ft.) Currently Developed:

Area (sq. ft.) to be Developed:

Note: Developed means any area of the property that is not in a natural state, including all asphalt, concrete, and land covered by structure/roof.

ADDITIONAL S	SUBMITTAL REQUIREMENTS FOR STORMWATER REVIEW		
Site Plan, i	ncluding the following:		
	Stormwater calculations		
	Drainage arrows		
	Soil information		
	Signed and sealed by licensed Engineer		
SUBMITTAL IN	NFORMATION:		
□ Compl	ete, signed application form		
□ Escrow check (Escrow checks shall be made payable to "Charter Township of Garfield")			
□ Site Plan and supporting documents (for Water/Sewer, Stormwater, and Private Roads)			
□ Traffic	□ Traffic Impact Report documents (for Traffic Impact Study)		
□ Other information as required by the Township:			
Submit	t to:		
	Township Escrow Coordinator		
	Charter Township of Garfield		
	3848 Veterans Drive		
	Traverse City, Michigan 49684		
AFFIDAVIT:			
The undersigned	ed affirms that he/she is the owner, or authorized agent of the owner, involved in the application and that the		
answers and st	atements herein contained, and the information submitted are in all respects true and correct.		
Applicant Signa	ature:		
Applicant Name	e:		
Date:			
FOR OFFICE	=================================		
Township Proje	ect Contact:		

**Escrow Account:**