

**APPLICATION FOR “MINOR CHANGE” TO A
PREVIOUSLY APPROVED FINAL SITE PLAN
TOWNSHIP OF DEXTER
WASHTENAW COUNTY, MICHIGAN**

ORIGINAL FILE NO. _____
DATE FILED _____

Minor Changes to an approved Site Plan involving (1) changes of less than 5 feet in the location of walkways, vehicular circulation ways and parking areas, or exterior building and structure walls; (2) less than 5 feet in the adjustment of utilities; and (3) similar minor changes may be approved by the 3-member site plan review committee, consisting of: (a) the Director of Planning & Zoning, (b) a Planning Commission member appointed by the Planning Commission Chairperson, and (c) a Zoning Board of Appeals member appointed by the Zoning Board of Appeals Chairperson.

No change to a site plan that requires the issuance of a variance shall be interpreted as a “minor” change under this Section. Prior to taking action on a minor change, the committee shall make a determination whether such change constitutes a “minor” change as described above. Where a unanimous vote of the committee members is not obtained for either the classification of the proposed change as “minor” or the approval of such change, the committee shall refer the proposed change to the Planning Commission for action.

1. Name of Previously Approved Final Site Plan: _____
Date of Final Site Plan Approval by the Planning Commission: _____
2. Applicant Name: _____
Address: _____
Phone Number: _____
Interest in Land: _____
3. Site Planner Name: _____
Address: _____
Phone Number: _____
4. Architect Name: _____
Address: _____
Phone Number: _____
5. Attach a description of the “Minor Change” and its expected impact
6. The “Minor Change” will be:
Permanent
Temporary (if so, when will the change be discontinued? _____)
7. Attach previously approved final site plan with “Minor Changes” shown

The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date: _____ Signed: _____

DO NOT WRITE BELOW THIS LINE

REVIEWED BY:

Dexter Township Director of
Planning & Zoning

Approval Date
(or date of letter)

Dexter Township Engineer

Approval Date
(or date of letter)

Dexter Area Fire Department

Approval Date
(or date of letter)

SITE PLAN REVIEW COMMITTEE:

Members of the Site Plan Review Committee:

Director of Planning & Zoning (Name: _____)

Planning Commission Member (Name: _____)

Zoning Board of Appeals Member (Name: _____)

Date of meeting: _____

Time of meeting: _____

Names and addresses of public present at the meeting:

Action of the Site Plan Review Committee

APPROVE DISAPPROVE

Director of Planning & Zoning

Signature: _____ Date: _____

Planning Commission Member

Signature: _____ Date: _____

Zoning Board of Appeals Member

Signature: _____ Date: _____

Conditions:

