



Tittabawassee Township  
Planning Commission  
145 S. Second Street  
P.O. Box 158  
Freeland, MI 48623  
989-695-9512  
Fax: 989-695-5060

**APPLICATION FOR FINAL PLAT REVIEW  
FEE \$400**

*One 18x24 copy of the plat must be submitted, as well as an electronic copy  
emailed to [bfederspiel@tittabawassee.org](mailto:bfederspiel@tittabawassee.org).*

Name or Proprietor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Name of Surveyor or Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Surveyor or Engineer Signature: \_\_\_\_\_

\*E-mail address for any correspondence regarding plat process: \_\_\_\_\_

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Parcel Number (s) \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Description of Proposed Development: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Proposed Deed Restriction or Covenants? (If yes, please attach 1 copy and email one copy to  
bkauska@tittabawassee.org)

Yes \_\_\_\_\_

No \_\_\_\_\_

Area of Final Plat Subdivision (zoned): \_\_\_\_\_

List all public improvements intended for installation and their actual or estimated costs, indicated those that have been completely and satisfactorily installed and/or those for which the proprietor will render a financial guarantee of performance in lieu of installation.

IMPROVEMENT	COST	INSTALLED	GUARANTEE
Water			
Sewer			
Sidewalk			

List all other data and documentation submitted with this application for tentative approval.

ITEM	NUMBER OF COPIES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**This application must be filled out completely and returned to the Deputy Clerks Office no less than fourteen (14) days prior to a scheduled Planning Commission hearing.**



**Office Use Only:**

Plat review \$ \_\_\_\_\_

Engineering Review Fee \$ \_\_\_\_\_

Date Complete Submittal Received \_\_\_\_\_

Action by Township Board Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Date of Action by Township Board \_\_\_\_\_

If Applicable, reasons for rejection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED INFORMATION OF FINAL  
SUBMITTAL CHECKLIST – FINAL PLAT**

*One large copy of the plat must be submitted, as well as an electronic copy  
emailed to [bkauska@tittabawassee.org](mailto:bkauska@tittabawassee.org).*

DOES      DOES NOT

**1. APPLICATION FORM:**

\_\_\_\_\_      \_\_\_\_\_      The form contains all the required information and supporting data.

**2. PRELIMINARY PLAT:**

All copies of the Plat must contain the following information in complete form at the time of submittal to the Township Planning Commission.

\_\_\_\_\_      \_\_\_\_\_      A. Name of Subdivision (duplication of other subdivision name not permitted).

\_\_\_\_\_      \_\_\_\_\_      B. Area of Subdivision (in acres).

\_\_\_\_\_      \_\_\_\_\_      C. Location of subdivision (by Section, Range, Town, Township and County; location of such lines to be shown on the Plat).

\_\_\_\_\_      \_\_\_\_\_      D. Names and addresses of the proprietor and the Surveyor or Engineer and also the ownership and use of “expected” parcels.

\_\_\_\_\_      \_\_\_\_\_      E. The names of adjacent subdivisions and property owners, including the zoning classification of the tract and each adjacent property.

\_\_\_\_\_      \_\_\_\_\_      F. Proper Scale (not more than 100 feet to 1 inch).

\_\_\_\_\_      \_\_\_\_\_      G. Date, cardinal points and bar scale.

\_\_\_\_\_      \_\_\_\_\_      H. Vicinity sketch (scales no less than 2000 feet to 1 inch)

\_\_\_\_\_

I. Location, layout, width and names of existing and proposed streets, alleys, utility easements and public walkways.

\_\_\_\_\_

J. Location, dimensions and acres of existing buildings, flood plans, parks and common use areas, as applicable.

\_\_\_\_\_

DOES    DOES NOT

K. Location of existing and proposed utilities.

\_\_\_\_\_

L. Layout, numbers and approximate dimensions regarding each lot; including building setback lines.

\_\_\_\_\_

M. Department of Health Site Report, as applicable.

\_\_\_\_\_

N. Contour lines, 2' intervals (5' intervals where slope exceeds 10 percent).

\_\_\_\_\_

O. Preliminary plans for all proposed public improvements.

\_\_\_\_\_

P. Financial Guarantees for Outstanding Public Improvements (if applicable)

\_\_\_\_\_

\_\_\_\_\_  
**TITTABAWASSEE TOWNSHIP CLERK**

\_\_\_\_\_  
**DATE**