



**TRAVERSE CITY FIRE DEPARTMENT
FIRE PREVENTION BUREAU**
500 WEST FRONT ST. TRAVERSE CITY, MI 49684
PHONE: (231)922-4930 FAX: (231)922-4872

SITE PLAN REVIEW APPLICATION

DATE: _____ PERMIT # _____ (FOR OFFICE USE ONLY)

APPLICANT NAME: _____

CONTACT PERSON: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT PHONE NUMBERS: DAYTIME: _____

CELL: _____ EMAIL: _____

DEVELOPMENT/BUSINESS NAME: _____

SITE ADDRESS: _____

SPECIFIC BUILDING USE: _____

CONSTRUCTION TYPE PROPOSED: _____ SQUARE FOOTAGE: _____

BUILDING(S) DIMENSION (LxWxH): _____

Complete civil engineering drawings shall be submitted with this application. Engineered drawings shall contain the following items:

Plans drawn to scale showing property/lot boundaries, topography, water supply main sizes and hydrant locations, all roads/designated fire access lanes, property access/egress points with dimensions and turning radii, building locations with construction types and use groups.

SITE PLAN REVIEW FEE SCHEDULE

**\$45.00 FOR PERMIT. PERMIT INCLUDES TWO (2) REVIEWS IF REQUIRED. ADDITIONAL REVIEWS AT ADDITIONAL \$45.00 PER REVIEW.
SITE PLAN REVIEW FEE CAN BE WAIVED AT DISCRETION OF THE REVIEWER.**

APPLICANT SIGNATURE: _____