Diane O'Connell, Supervisor
Rena Basch, Clerk
Carlene Colvin-Garcia, Treasurer

John Allison, Trustee
Eric Kaldjian, Trustee
Della DiPietro, Trustee
Peter Kotila, Trustee

PRE-APPLICATION MEETING REQUEST FORM

Ann Arbor Charter Township, 3792 Pontiac Trail Ann Arbor MI 48105,

Phone:734-663-3418 www.aatwp.org

Pre- Application Meeting fee: $1500.00 **Date Received:** _____

A Pre-Application conference is optional. The applicant may request a pre-application conference by completing this form and submitting it to The Ann Arbor Township Office Planning Department either in person or by email: planning@aatwp.org. The conference is one (1) hour in length.

These conferences are encouraged but not mandatory. During the conceptual review phase, the applicant presents a generalized site plan showing the overall concept of the project. The site plan should include such matters as use, density, compatibility with development in the area and the effect of the project on Township services. Please include this information with this submission.

The conference is scheduled by the Township Planning Assistant, after receiving this form, payment, and generalized site plan details. All conferences are held at the Ann Arbor Charter Township Hall unless otherwise arranged.

Conference attendees will include the applicant and the applicants' consultants, the Township consultants, one or more representatives from the Planning Commission, and representatives of other Township departments as appropriate.

If there are multiple parcels, please include the below information for each parcel by using multiple pages of this form. Parcel information must be complete for submission.

PARCEL INFORMATION:

Address: _____

Parent Parcel ID _____-_____-_____-_____-_____

Legal Description of existing Parcel: _____
(Attach if necessary)

Legal Description of new Parcel: _____
(Attach if necessary)

Property Owner Information:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Property Owners Signature: _____ Date: _____

ANN ARBOR
Charter Township

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Della DiPietro, Trustee
Peter Kotila, Trustee

Office Use Only

Fee $_____ Date Received: _____ Meeting Date: _____

Attendees: _____

_____

_____

_____

_____

_____

Details: _____

_____

_____

_____

_____

_____ Denied: Reasons: _____

_____

Notification sent to Applicant: _____

_____

Signature: _____ Date: _____