VILLAGE OF DEXTER
SITE PLAN REVIEW & SPECIAL USE APPLICATION

See Fee Schedule for Details; Receipt #: _____ Date Rec'd: _____

Application is being made for: ( ) Preliminary Site Plan Review; ( ) Final Site Plan Review
( ) Combined Site Plan ( ) Special Use Permit

_____	_____	_____	_____
Property Address	Tax Code I.D.	Proposed Use	Zoning District

_____
Property Owner, Address, City, State, Zip Phone

_____
Applicant, Address, City, State, Zip Phone

_____
Representative, (e.g. Engineer), Address, City, State, Zip Phone

Regulations and Standards (applicant must complete):
Applicable standards must be noted on site plan.

		Plan Submitted	Requirement	
1.	Front Yard Setback (ft)	_____	_____	( ) check here if corner lot
2.	Side Yard Setback (ft)	_____	_____	
3.	Rear Yard Setback (ft)	_____	_____	
4.	Lot Coverage (%) (7a/6)	_____	_____	
5.	Height (ft)	_____	_____	
6.	Total Site Area (ft)	_____	_____	
7.	a. Blg. Coverage / b. Floor Area(ft)	_____	_____	
8.	Floor Area Ratio (%) (7b/6)	_____	_____	
9.	Total Paved area (ft)	_____	_____	
10.	Total Impervious Cov. (7a+9)/6	_____	_____	
11.	# Parking Stalls	_____	_____	
12.	Density (6/13)	_____	_____	
13.	# Units (residential Only)	_____	_____	
14.	For Multi-Family: efficiency	_____	_____	
	1 bedroom	_____	_____	
	2 bedroom	_____	_____	

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Additional required information for Special Use Permit:

15. Statement describing the use proposed. This should include information about the hours of operation, number of employees and clients, type of programming or services, traffic expected to be generated, and any other pertinent information and/or site development characteristics.

16. All applications are presented to the Planning Commission at a public hearing for a recommendation prior to begin forwarded to the Village Council for final consideration. Therefore, all applications must be submitted 4 weeks prior to 1st Monday of month in order to ensure proper notice time and preparation time. Incomplete applications cannot be processed.

_____ _____

Owner's Signature Date Applicant's Signature Date

STAFF REVIEW:

Planning Commission review date: _____

Council review date: _____

Date _____ _____Approved APPROVAL STAMP

_____ Denied

Reviewed by: _____

REASONS FOR DENIAL:

EXISTING NONCONFORMITY'S/ VARIANCES GRANTED: