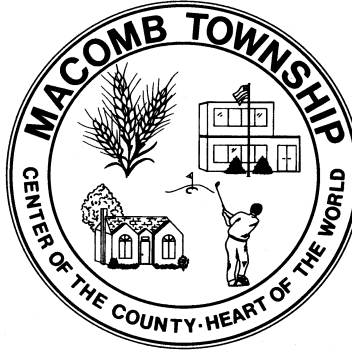


**Macomb Township  
54111 Broughton Road  
Macomb, MI 48042  
(586) 992-0710 x4**



# **APPLICATION PACKET FOR REQUEST TO ALTER GRADE**

**APPLICANTS TAKE NOTICE OF THE FOLLOWING:**

**All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.**

**Please use only the forms provided with this application. No other forms, however similar, will be accepted.**

**Michael D. Koehs, CMC  
Township Clerk**

## CHECKLIST OF DOCUMENTS REQUIRED FOR REQUEST TO ALTER GRADE

MACOMB TOWNSHIP PLANNING COMMISSION  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 4

Please place a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office.

- One (1) copy of the completed Requests to Alter Grade Application form, found on page 3.
- Payment of review fee. An initial deposit of \$2000.00 is required to initiate the review process. Please make check payable to **Macomb Township Treasurer (funds are non refundable)**.
- One (1) copy of the County Soil Erosion Permit.
- One (1) copy of the County Road Commission Approach Permit.
- One (1) completed Documentation Supporting The Request form, found on page 4, including a statement in writing of the purpose or reason for the request (e.g. dig a lake, cut/fill to construct a home, cut/fill yards, etc.).
- One (1) completed Affidavit of Ownership form, found on page 5.
- One (1) completed Verification of Recorded Legal Property form, found on page 6.
- Seventeen (17) copies of a site plan, tri-folded and 23" X 36" in size unless previously approved by the Township Engineer. All site plans must including the following minimum information:
  - Seal of a Registered (MI) Land Surveyor or Engineer along with their original signature.
  - Existing and proposed grades of the lot and building corners (labeled B.L. for exterior brick ledge) including the lowest floor, first floor and any walkout elevations.
  - Elevation and location of the 100 year flood plain (if applicable).
  - Finished grade of existing buildings on adjacent property (include distance to each building).
  - The Bench Mark which was used and one Bench Mark on site (USGS Datum).
  - Ditch or swale line elevations.
  - sump pump discharge pipe being constructed directly to an approved drainage system.
  - road centerline and edge elevations.
  - Off-site elevations (50' beyond site limits).
  - sidewalk elevations (if applicable).
  - site boundary dimensions and proposed setbacks and side yard dimensions.
  - legal description of the subject property.
  - road right-of-way width(s) as well as type and width of road surface(s).
  - proposed drainage pattern with arrows.
  - all existing and proposed utilities and easements.
  - a location map, north arrow and scale (between 1"=10' and 1" = 40').
  - a 2% slope away from the building or house in the first 25' then a 1% to 7% slope thereafter. (See Macomb Township Standard Lot Grading Template).
  - elevations for all existing manholes, catch basins, culverts, hydrants, and gate valves.
  - side lot cross sections where new house is adjacent to an existing house.
  - The review number issued by Spalding DeDecker Associates on the plan.
  - the septic field elevation from the Macomb County Health Department Permit ( include the "MCHD" Bench Mark location and elevation on plan).

***If you have any questions or comments, please call the Township Engineer: Spalding, DeDecker & Associates, Inc., at (248) 844-5400.***

## REQUEST TO ALTER GRADE REVIEW PROCESS

- Step 1:** Applicant shall submit a completed application packet (see checklist).
- Step 2:** Clerk's Office shall distribute plans to the Building Official, Water and Sewer Department and Township Engineer for review and comment (see §10.0329).
- Step 3:** Those listed in Step 2 shall return their written comments to the Clerk within 10 calendar days with a recommendation for action by the Township Board (township policy).
- Step 4:** If favorable reviews are received, the applicant will be notified of the recommendations and of the outstanding review fees due to the township before the request can be placed on an agenda (see §10.0329). If the recommendations suggest a denial, the applicant will be notified of the reasons and what may be done to correct the plans.
- Step 5:** Once the review fee is received, the request will be scheduled on the next available Township Board agenda.
- Step 6:** The Board will meet to review the Findings and Recommendations and to take action on the request.
- Step 7:** The Clerk's Office shall communicate the results of the Township Board meeting to the applicant.

### ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:

- 1. Attendance Required at Township Board Meeting.** The Macomb Township Board of Trustees require the Applicant or the Applicant's Representative to be present at the meeting, otherwise the item will be tabled to another meeting date.
- 2. Review Fees.** The fees for review of this application will be charged according to costs incurred by the Township to have the plans reviewed by our consultants. An initial \$2000 deposit will be required to initiate the review process. Actual review costs will be assessed at the end of the process, and the difference between the actual cost and the deposit will either be charged or refunded to the applicant.
- 3. Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with staff or planning consultant.

**APPLICATION FOR REQUEST TO ALTER GRADE**

MACOMB TOWNSHIP PLANNING COMMISSION  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 4

**Only Complete Applications Will Be Accepted (PLEASE PRINT OR TYPE)**

**Permanent Parcel No. 08 -** \_ \_ \_ - \_ \_ \_ - \_ \_ \_ .

Subdivision Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Representative \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(if different from applicant)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***PROPERTY INFORMATION:***

Property Address \_\_\_\_\_  
(if applicable)

Existing zoning of Property \_\_\_\_\_  
(See Zoning Map of Macomb Twp.)

Location of Property \_\_\_\_\_  
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Property Frontage \_\_\_\_\_ Feet and Depth \_\_\_\_\_

Existing Land Use \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_



**AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to \_\_\_\_\_, it is necessary to establish the fee title holder's intention and desire to have the subject property receive Township approval.  
(Land contract, option, lease, etc.)

(I), (We), \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) agreement to permit/allow the property described within the attached application for \_\_\_\_\_ receive consideration by Macomb Township.  
(type of application to be filed)

(I), (We) further authorize \_\_\_\_\_ as a(n) \_\_\_\_\_  
(name of applicant) (recite applicant's interest in property)  
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

**PLEASE HAVE THE OWNER(S) SIGN BELOW:**

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:**

08 - \_ \_ - \_ \_ - \_ \_

STATE OF MICHIGAN  
ss.  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared \_\_\_\_\_  
(name of applicant)

\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing

instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_  
(he, she, they) (his, her, their)

free act and deed.

\_\_\_\_\_  
Notary Public  
Macomb County, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in Macomb County, Michigan

**VERIFICATION OF RECORDED LEGAL PROPERTY**

**PROJECT NAME** \_\_\_\_\_

**Application To Be Filed (check off)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Variance           | <input type="checkbox"/> Technical Change           | <input type="checkbox"/> House Move-on                    |
| <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign            |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Final Preliminary Plat     | <input type="checkbox"/> Certificate of Zoning Compliance |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Preliminary Plan Review    | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Revised Site Plan  | <input type="checkbox"/> Final Plan Review          | <input type="checkbox"/> Alter Grade Request              |

**PERMANENT PARCEL NO. 08** - \_ \_ - \_ \_ - \_ \_ .

PUBLIC ROAD(S) FRONTAGE \_\_\_\_\_

ADDRESS OF PARCEL (if available) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

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**Do Not Write Below This Line – Assessor’s Use Only**

Is the property proposed for use properly recorded with Macomb Township?     YES             NO

COMMENTS:

\_\_\_\_\_  
**Daniel Hickey, Township Assessor**