



**LITTLE TRAVERSE BAY BANDS
OF ODAWA INDIANS**

SITE PLAN REVIEW APPLICATION

PLANNING DEPARTMENT

7500 Odawa Circle (231) 242-1581
Harbor Springs, MI 49740

➔ Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number(s): _____ E-mail: _____

➔ Project Location: Street Address: _____

Property ID Number: _____

I/We request: _____

As an illustration of this request, I/we have attached a site plan(s) of the premise drawn to scale showing the location of all existing and proposed structures, improvements, and uses on the property as well as any information required by ordinance.

I/We understand and agree, upon execution and submission of this application that I/we agree to abide by all provisions of the Little Traverse Bay Bands of Odawa Indians as well as all procedures and policies of the Little Traverse Bay Bands of Odawa Indians Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my knowledge. Furthermore, I grant permission to the Zoning Administrator and other Tribal Officials to enter the property and make such investigation and tests as they deem necessary.

Applicant (Printed Name)

Signature

Date

Site Plan Map attached including North arrow and scale

Preparer of Site Plan/Surveyor, if applicable

Name/Company

Phone