



## VIENNA TOWNSHIP SITE PLAN REVIEW APPLICATION

I. PROPERTY INFORMATION			
Address or Parcel Number: <u>4191 West Dodge Rd</u>	Current Zoning: <u>AR</u>	Lot Size: <u>3.21 acres</u>	Current Use: <u>ONE FAMILY DETACHED DWELLING</u>
Legal Description: <u>MUSIC VENUE w/ CAMPING</u>		Description of Proposed Site Use:	
II. APPLICANT INFORMATION			
Name: <u>Jerry Dyer</u>	Phone: <u>734-935-1981</u>	Email Address: <u>dyerjerry@gmail.com</u>	
Mailing Address: <u>39230 CARLISLE RD</u>	City: <u>NEW BOSTON</u>	State: <u>MICHIGAN</u>	Zip: <u>48164</u>
III. PROPERTY OWNER INFORMATION (if different from applicant)			
Owner Name: <u>Robert Denison</u>	Owner Phone: <u>517-599-3354</u>	Email Address: <u>rdenison64@gmail.com</u>	
Owner Address: <u>491 West Dodge Road</u>	City: <u>Clid</u>	State: <u>Michigan</u>	Zip: <u>48420</u>

I hereby affirm that the information provided for this site plan review is accurate to the best of my knowledge. I understand that all site plan approvals are contingent upon all Genesee County Drain Commission, Road Commission, Water & Waste, Health Department, MDOT, EGLE or any other necessary agency approvals being obtained.

**OPTIONAL:** By checking this box and signing below, I hereby grant permission for Vienna Township Officials and/or Planning Commission Members to enter my property for on-site inspection related to this application. (Failure to grant permission will not affect any decision on your application)

Applicant Signature <u>Jerry Dyer</u>	Date <u>06/17/24</u>
Applicant Name Printed <u>Jerry Dyer</u>	
Owner Signature <u>Robert Denison</u>	Date <u>6/20/24</u>
Owner Name Printed <u>Robert Denison</u>	

**Escrow Account Fee = \$5,000**  
This amount will be used towards any meeting and site plan fees (Any unused amount will be refunded, required for all new commercial and some residential projects)

Office Use Only:	Fees Paid: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Date Paid: <u>6/17/24</u>	Site Plan Review Date: _____	2nd Plan Review Date (If Necessary): _____
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>Conditions:</b> _____				
Vienna Township Planning Commission Signature		Date _____		
Vienna Township Planning Commission Signature		Vienna Township Planning Commission Name Printed _____		

\*\*\*PLEASE FILL OUT CHECKLIST ON NEXT PAGE\*\*\*

