



VILLAGE OF NEW HAVEN

57775 Main Street, P.O. Box 480429
New Haven, MI 48048-0429
Phone (586) 749-5301 Ext. 214
Fax (586) 749-3408

APPLICATION FOR ENGINEERING PLAN REVIEW

APPLICANT NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PARCEL IDENTIFICATION NO. _____

LOCATION _____

ESTIMATED CONSTRUCTION COST _____ SIZE (ACRES) _____

LEGAL OWNER _____

Name

Address

PHONE _____ FAX _____

PLAN PREPARER _____

Activity Number(s) (Refer To Next Page Of Application) _____

Required Initial Fee _____

If petitioner is not the owner, state basis for representative (i.e. Attorney, Representative, Option-To-Buy, Etc.) _____

Five (5) copies of the application and plan shall be submitted. The plan shall include all information required by the Village of New Haven Engineering Standards Ordinance.

The undersigned deposes that foregoing statements and answers and accompanied information are true and correct.

Signature Of Applicant

Signature of Legal Owner (If Not Applicant)

Please Print/Type Name Of Signature

Please Print/Type Name Of Signature

Date

Date

Check appropriate number:

- _____ 1. For small projects with a site improvement construction cost of \$35,000.00 or less, \$590.00.
- _____ 2. For projects with site improvement construction costs greater than \$35,000.00, the fee shall be 1.15% of the site improvement construction cost, plus a pre-construction meeting with a cost of \$120.00 per hour with a 3 hour minimum.
- _____ 3. Any changes to the project or resubmittals requiring further review by our engineers shall be billed to developer on a \$120.00 per hour basis.

Construction costs shall include off-site improvements. Site improvements include all improvements outside of the building area associated with the project. The construction cost estimate shall be prepared by a registered civil engineer and shall bear the engineer's seal.

Any additional costs incurred by the Village, above and beyond the original application deposit, shall be paid by the applicant.

Date _____

Review Fee Paid _____

Check # _____

Receipt # _____