

CITY OF MARQUETTE CONDOMINIUM REVIEW APPLICATION



CITY STAFF USE

Parcel ID #: _____ File #: _____
Receipt/Inv #: _____ Check #: _____ Received by and date: _____
Submittal Documents: Condo Subdivision plan, Master Deed, Bylaws Y N

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

If you have any questions, please call 228-0425 or e-mail alanders@marquettemi.gov.

FEE SCHEDULE (We can only accept Cash or Check (written to the City of Marquette))

Condominium Review \$1,365

Please refer to www.marquettemi.gov to find the following information:

Excerpt from the City Land Development Code

- Article 5, Section 54.503 Condominium Developments

Please refer to the State website for the following condominium requirements:

- Condominium Act
- Department of Licensing and Regulatory Affairs (LARA) Administrative Rules 559.010-559-903

PRE-APPLICATION CONFERENCE

It is strongly encouraged that all applicants and their representatives meet with City of Marquette staff prior to submitting an application for a Condominium. A pre-application meeting with staff allows for a preliminary review of the application procedures, compliance with the City Land Development Code, and other project criteria, and prevents most situations that usually result in a project being postponed.

PROPERTY INFORMATION

Property Address:

Property Identification Number:

Size of property (frontage / depth / sq. ft. or acres):

Zoning District:

Current Land Use:

Description of Project:

APPLICANT CONTACT INFORMATION

PROPERTY OWNER

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

APPLICANT/OWNER'S REPRESENTATIVE

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

ARCHITECT

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

ENGINEER

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

SURVEYOR

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

SIGNATURE

I hereby certify the following:

1. I desire to apply for a Condominium review indicated in this application with the attachments and the information contained herein is true and accurate to the best of my knowledge.
2. The request would not violate any deed restrictions attached the property involved in the request.
3. I have read Section 54.503 of the Land Development Code and understand the necessary requirements that must be completed.
4. I understand that the payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that is does not assure approval of the subdivision plan and attachments.
5. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full.

Applicant Signature: _____ Date: _____

1. I am the legal owner of the property for which this application is being submitted.
2. I authorize City Staff to inspect the site.
3. If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf.

Property Owner Signature: _____ Date: _____