

## Department of Planning and Economic Development

1000 Rochester Hills Dr. Rochester Hills, MI 48309 (248) 656-4660

# Development Application

### **Project Information**

Name Walton Oaks						
Description of Proposed Project and Use(s)						
I I IOt	11 lot single family lot site plan					
Review Type (as defined in Section 138-2.200 & 138-7.	100 of the City's Zoning Ordinance)					
Site Plan: Sketch Plan						
■ New □ Adminis	strative Review					
☐ Amendment ☐ PC Revi	iew					
☐ Other (please describe):						
Conditional Land Use (as indicated in Section 138-4.300 *Be advised any applications for on-premises alcohol sa	O of the City's <u>Zoning Ordinance</u> )					
Property Information						
Street Address 3510 Walton Blvd						
Parcel Identification Number 70-15-07-376	Property Dimensions Width at Road Frontage: 100 Depth: 1451					
Land Area (acres) 6.85	# of Lots/Units (if applicable) 11					
Current Use(s) single family & vacant	Current Zoning R-2					
Wetland Use Permit Required						
Yes, there are MDEQ regulated wetlands on the property	erty Unsure, a boundary determination is needed					
☐ Yes, there are City regulated wetlands on the propert	No, there are NO regulated wetlands on the property					
Tree Removal Permit Required						
Yes, there are regulated trees on the property	$\square$ No, there are $\underline{NQ}$ regulated trees on the property					
Steep Slope Permit Required						
Yes, there are regulated slopes on the property locat within 200 feet of a watercourse  Yes, there are regulated slopes on the property NOT I within 200 feet of a watercourse.	No, there are NO regulated slopes on the property					



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Applicant	Information
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Name Walton Oaks, LLC			
Address 14496 North Sheldon, Suite 230			
City Plymouth	State MI	<sup>Zip</sup> 48170	
Phone 248/703-4653 Email bruce@three-oaks.com			
Applicant's Legal Interest in Property purchase agreement			

#### **Property Owner Information** □ Check here if same as above

Name	Paul & Michael Karas			G.
Address	3540 Walton Blvd			
City	Rochester Hills	State	MI	<sup>Zip</sup> 48309
Phone	248/375-1366	Email	pkswims@amail.com	

Applicant's/Property Owner's Signature

I (we) do certify that all information contained in this application, accompanying plans and attachments are complete and accurate to the best of my (our) knowledge.

I (we) understand that if it is determined that the application is not complete, the City shall immediately identify in writing what is needed to make the application complete.

I (we) authorize the employees and representatives of the City of Rochester Hills to enter and conduct an investigation of the above referenced property.

Applicant's Printed Name

Brown Applicant's Printed Name

Date

Property Owner's Signature

Property Owner's Printed Name

Date

3 20 22

Property Owner's Signature

Property Owner's Printed Name

Date

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#### OFFICE USE ONLY

Date Filed	File #	Escrow #				