

**APPLICATION FOR “MINOR CHANGE” TO A  
PREVIOUSLY APPROVED FINAL SITE PLAN  
TOWNSHIP OF DEXTER  
WASHTENAW COUNTY, MICHIGAN**

ORIGINAL FILE NO. _____
DATE FILED _____

Minor Changes to an approved Site Plan involving (1) changes of less than 5 feet in the location of walkways, vehicular circulation ways and parking areas, or exterior building and structure walls; (2) less than 5 feet in the adjustment of utilities; and (3) similar minor changes may be approved by the 3-member site plan review committee, consisting of: (a) the Director of Planning & Zoning, (b) a Planning Commission member appointed by the Planning Commission Chairperson, and (c) a Zoning Board of Appeals member appointed by the Zoning Board of Appeals Chairperson.

No change to a site plan that requires the issuance of a variance shall be interpreted as a “minor” change under this Section. Prior to taking action on a minor change, the committee shall make a determination whether such change constitutes a “minor” change as described above. Where a unanimous vote of the committee members is not obtained for either the classification of the proposed change as “minor” or the approval of such change, the committee shall refer the proposed change to the Planning Commission for action.

1. Name of Previously Approved Final Site Plan: \_\_\_\_\_  
Date of Final Site Plan Approval by the Planning Commission: \_\_\_\_\_
2. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Interest in Land: \_\_\_\_\_
3. Site Planner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
4. Architect Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
5. Attach a description of the “Minor Change” and its expected impact
6. The “Minor Change” will be:  
\_\_\_\_ Permanent  
\_\_\_\_ Temporary (if so, when will the change be discontinued? \_\_\_\_\_)
7. Attach previously approved final site plan with “Minor Changes” shown

The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REVIEWED BY:**

\_\_\_\_\_  
Dexter Township Director of  
Planning & Zoning

\_\_\_\_\_  
Approval Date  
(or date of letter)

\_\_\_\_\_  
Dexter Township Engineer

\_\_\_\_\_  
Approval Date  
(or date of letter)

\_\_\_\_\_  
Dexter Area Fire Department

\_\_\_\_\_  
Approval Date  
(or date of letter)

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**SITE PLAN REVIEW COMMITTEE:**

**Members of the Site Plan Review Committee:**

Director of Planning & Zoning (Name: \_\_\_\_\_ )

Planning Commission Member (Name: \_\_\_\_\_ )

Zoning Board of Appeals Member (Name: \_\_\_\_\_ )

**Date of meeting:** \_\_\_\_\_

**Time of meeting:** \_\_\_\_\_

**Names and addresses of public present at the meeting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action of the Site Plan Review Committee**

APPROVE    DISAPPROVE

\_\_\_\_\_    \_\_\_\_\_    Director of Planning & Zoning  
Signature: \_\_\_\_\_    Date: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Planning Commission Member  
Signature: \_\_\_\_\_    Date: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Zoning Board of Appeals Member  
Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Conditions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_