



Director Review



The Director Review process is intended to provide a streamlined review process for eligible projects to determine compliance with the Zoning Ordinance. These projects are reviewed at an administrative, or staff level, instead of by an appointed board such as the Planning Commission.

Director Review is required for the following:

- Uses listed as Director Review in Article 9 Use Regulations, such as a restaurant with alcohol service.
- Any proposed project that is regulated by the Zoning Ordinance but does not qualify for a Counter Review and is not subject to other reviews, such as Group Childcare Homes.

Upon receipt of an eligible, complete application, the application will be reviewed by Planning Department staff. Staff may contact the applicant with questions, request additional information, or may advise the applicant on changes or revisions to the application and submittals.

The findings of the Director Review, which may include conditions of approval, will be sent to the applicant in writing within fourteen (14) days of the final determination. Director Review decisions may be appealed to the Board of Zoning Appeals.

Please note that permits cannot be issued for any building or site activity until the Director Review is completed. The use must commence within one (1) year of issuance of a Director Review approval.

The Director shall have the option of requiring any plan to undergo a Site Plan Review by the Planning Commission even where deemed eligible for a Director Review if the scale or effect of the project is deemed to be significant enough to warrant the review of the Planning Commission.

The full text of relative to Director Review eligibility, process and requirements can be found in Zoning Ordinance Section 5.12.16.B.



Application

Director Review

A. PROPERTY AND PROJECT INFORMATION

Property Address(es) _____

Parcel Number(s) _____ Zone District _____

Current use of property _____

Purpose of Director Review:

Alcohol service or sales (*check all that apply*)

- Restaurant with alcohol (new or expansion)
- Expansion of existing bar
- New outdoor service within public ROW
- Expansion of an existing outdoor service area on private property
- SDM license in association with restaurant
- SDM/SDD for facility over 25,000 sq. ft.

- LIHTC zoning compliance/site plan review
- Group childcare home
- Cannabis facility
 - Grower
 - Processor
 - Co-located retailer
 - Safety Compliance Facility
 - Secure Transporter
- Other _____

B. APPLICANT INFORMATION

1. Applicant

Identify the person or organization requesting the Director Review:

Name _____

Organization _____

Mailing Address _____

City _____ State ____ Zip _____

Title _____

Cell Phone _____

Business Phone _____

E-Mail _____

2. Applicant Interest

The applicant must have a legal interest in the subject property:

- Property Owner
- Purchaser by Land Contract
- Purchaser by Option or Purchase Agreement
- Lessee/Tenant

3. Property Owner

Check here if Applicant is also Property Owner

Identify the person or organization that owns the subject property:

Name _____

Organization _____

Mailing Address _____

City _____ State ____ Zip _____

Title _____

Cell Phone _____

Business Phone _____

E-Mail _____

4. Agent

Identify any person representing the property owner or applicant in this matter:

Name _____

Organization _____

Mailing Address _____

City _____ State ____ Zip _____

Title _____

Cell Phone _____

Business Phone _____

E-Mail _____



Director Review

C. REQUIRED APPLICATION ATTACHMENTS

- 1. Description of Project** (Use letterhead if possible.)
Written description of the proposed use, the site and/or building layout, building and structure design information, parking calculations, current environmental conditions, hours of operation, number of employees, and other information pertinent to the request.
Please refer to the Checklist at the end of this application for requirements for specific uses.
- 2. Site Plans, Building Elevations and Floor Plans**
Enclose the relevant plans and documentation required for your proposed use.
Please refer to the Checklist at the end of this application for requirements for specific uses.

D. REQUEST AND AFFIDAVIT

The **applicant** must read the following statement carefully and sign below:

The undersigned requests that the City of Grand Rapids review this application and related required documents and site plans as provided in Article 12 of the Grand Rapids Zoning Ordinance. The applicant further affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers and statements contained in this application and enclosures are in all respects true and correct to the best of his, her or their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other provisions of the Zoning Ordinance or other codes or statutes, and does not constitute the granting of a variance.
- That the applicant will comply with any and all conditions imposed in granting an approval of this application.
- If also the owner, the applicant grants the City of Grand Rapids staff the right to access the subject property for the sole purpose of evaluating the application.

Applicant Name (printed)

Applicant Signature

Date

If the applicant is not the property owner, the property owner must read and sign below:

The undersigned affirms and acknowledges that he, she or they are the owner(s) of the property described in this application, and:

- Is/are aware of the contents of this application and related enclosures.
- Authorizes the applicant to submit this application and represent the undersigned in the matter being reviewed by the City of Grand Rapids.
- Grants the City of Grand Rapids staff the right to access the subject property for the sole purpose of evaluating the application.

Property Owner Name (printed)

Property Owner Signature

Date

**Application Checklist****Director Review****Group Child Care Home (7-12 children)**

Group Child Care Homes for 7 to 12 children require additional zoning review and approval by the Planning Department. Please be aware that zoning approval runs with the property, and not the individual. If you move, you will need to resubmit for your new address.

Complete and submit the following information:

 Signed Application Form

Complete pages 2 - 3 of the application form.

The application must be signed by the applicant and the property owner (if different).

 Description of Project (Use letterhead if possible.)

The written description shall include:

- Hours and days of operation
- Number of employees
- Number and location of parking spaces
- Pick up and drop off location and procedures

 Site Plan

Submit a plan of the property where the day care will occur. This can be in the form of a property survey, a neatly hand-drawn plan, or an aerial photo. Identify parking, pick-up and drop-off, and play areas.

 Floor Plan

Provide a floor plan of the house, including any locations specific to the childcare operation. Neatly hand-drawn plans will suffice. Alternatively, a sketch is often available as part of the tax information kept by Kent County on their website at www.accesskent.com. Choose online services, then property search. Once the property information is accessed, chose the "parcel summary" tab.

 "Zoning Approval for Group Child Care Homes" form

This is a form that the State of Michigan requires to prove that local zoning approval has been obtained. Fill out the licensee information at the top of the form. City staff will complete the rest.

 Fee (FY2022): \$222

Payment options:

- Check (payable to City of Grand Rapids)
- Credit card in person at Development Center
- Credit card by phone by calling (616) 456-4100

 Plan Submittal

- One (1) paper copy (8½" x 11" or 11" x 17")
- One (1) digital copy in PDF format
(CD, flash drive, cloud storage, or email to planning@grcity.us)

ZONING APPROVAL FOR GROUP CHILD CARE HOMES

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Licensee Name: _____

Licensee Address: _____

License Type: DG – Group Child Care Home (capacity 7-12 children)

Zoning Authority:

According to the Michigan Zoning Enabling Act, 2006 PA 110, a group child care home located in a county or township shall be issued a special use permit, conditional use permit, or other similar permit if the group child care home meet specific standards. A group child care home located in a city or village may be issued a special use permit, conditional use permit, or other similar permit.

Please complete the lower portion of this form and return this completed form to the licensee/applicant.

If you have any questions or concerns, please contact the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, at 517-284-9730.

Thank you.

- Location is APPROVED by the local zoning authority.
- Location is DISAPPROVED by the local zoning authority.
- City, township or county is unzoned.

Signature of Zoning Authority or
City, Township, County Manager for Unzoned Communities

Date

Telephone Number

Printed Name of Zoning Authority Authority or
City, Township, County Manager for Unzoned Communities

Jurisdiction (City, Township)

Authority: 1973 PA 116 Completion: Required Penalty: Applicant cannot be licensed/registered	LARA is an equal opportunity employer/program.
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