

PLANNING & ZONING APPLICATION

Case number _____

Date Submitted _____

APPLICANT INFORMATION

Applicant _____ **Phone** _____
Address _____ Fax _____
City, State _____ Zip _____
E:mail _____ Cell Phone Number _____
Property Owner _____ **Phone** _____
(if different than applicant)
Address _____ Fax _____
City, State _____ Zip _____
Billing Contact _____ **Phone** _____
Address _____ Fax _____
City, State _____ Zip _____

SITE/ PROJECT INFORMATION

Name of Project _____
Parcel Id No. V125-83- _____ Project Address _____

Attach Legal Description of Property

Property Location: On the _____ Side of _____ Road; Between _____ Road
and _____ Road. Size of Lot Width _____ Depth _____

Acreage of Site _____ Total Acres of Site to Review _____ Current Zoning of Site _____

Project Description: _____

Is a re-zoning of this parcel being requested? _____ YES (if yes complete next line) NO
Current Zoning of Site _____ Requested Zoning _____

SPECIAL PERMIT INFORMATION

Does the Proposed Use Require Special Approval? _____ YES (if yes complete next line) NO
Section of Zoning Ordinance for which you are applying _____

Is there an official Woodland within parcel? _____ Woodland acreage _____

List total number of regulated trees outside the Woodland area? _____ Total number of trees _____

Detailed description for cutting trees _____

If applicable application **MUST** be accompanied with a Tree Survey or statement of no trees, which incorporates all the requirements listed in Section 4.45 of Zoning Ordinance 6-2-92, as amended.

OWNER'S AFFIDAVIT

Print Property Owners Name

Signature of Property Owner

Date

STATE OF MICHIGAN
COUNTY OF WAYNE

The undersigned, being duly sworn, deposes and says that the foregoing statements and answers herein contained and accompanied information and date are in all respects true and correct.

Subscribed and sworn before me this _____ day of _____, 20____.

_____, Notary Public, _____ County, Michigan My Commission expires _____, 20____.