

ALPENA TOWNSHIP PLANNING COMMISSION

CASE #P- _____ - _____ FILED _____ / _____ / _____ PAID: \$ _____ MEETING DATE _____ / _____ / _____

I (We), the undersigned, do hereby respectfully make application to the Township Planning Commission to approve the following request: CHECK ONE BELOW ***All Special Meetings - \$500**

\$400 _____ **SITE PLAN REVIEW** approval is requested for _____

***A Planning Consultant may be required at an hourly rate of cost which the applicant will be responsible for payment of.**

\$400 _____ **SPECIAL APPROVAL USE** to the ZONING ORDINANCE is requested, pursuant to:
Article _____, Section _____, Sub-section _____, Paragraph _____,
For _____

\$400 _____ **SITE PLAN AMENDMENT** is requested for _____

\$400 _____ **TEXT AMENDMENT** requested is _____
Please use other side to fill out additional text amendment information.

\$400 _____ **REZONE** We, the owners, contract purchasers, optionees and/or leaseholders of the hereinafter described property do hereby petition your honorable body to make recommendation to rezone said property described as:
 Description is attached or As follows: _____

Permit zoning to be changed from _____ to _____ Zone District
For the purpose of _____

ATTENTION: A **LETTER OF INTENT** needs to be submitted for all cases, as well as any documentation necessary for review. Also, provide 10 copies of any irregular sized or colored correspondence. Please note that all property owners within 300' of the subject property will be notified of this case and meeting date.

APPLICANT AND PROPERTY INFORMATION

Property Owner: _____ Applicant: _____ Date _____
Applicant Phone: _____ Address: _____
Property Location: _____ Parcel No. _____ Zone District _____

I hereby grant permission for members of the Alpena Township (Planning Commission, Board of Appeals and/or Township Board) to enter the above or attached described property for the purposes of gathering information related to this applicant request/proposal. NOTE TO APPLICANT: This is optional and will not affect any decision on your application.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date Received _____ Fee Paid \$ _____ No. of Site Plans _____ Accepted by _____ Checked by _____

TEXT AMENDMENT INFORMATION - CONTINUED

Continued

Reason(s): _____

Are there other areas within the Township in which this amendment would affect: _____

Approved: _____

Denied: _____

For Recommendation

Date: _____

CHAIRPERSON'S SIGNATURE