

FIFE LAKE TOWNSHIP
ZONING APPLICATION FORM
134 Morgan Street
Fife Lake, MI 49633

Office Use
Receipt N ^o : _____
Date Received: _____
Hearing Date: _____
Case N ^o : _____

Action Requested (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Change of Zoning (Re-zoning) | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Planned Unit Development (PUD) |
| <input type="checkbox"/> Condominium Subdivision | <input type="checkbox"/> Private Road |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Other (describe): _____ | |

(Name of Applicant) Property Address _____

Tax Id. Number _____

(Street Address of Applicant)

(City, State, Zipcode)

Day: _____ Eves: _____ Mobile: _____ Fax: _____
(Phone Numbers)

Name and Address of property owner(s), if different from above: _____

Describe relationship of applicant to property owner(s): _____

ATTACHMENTS: Please note that all the requirements of the Zoning Ordinance must be addressed before the Zoning Administrator, Planning Commission or Zoning Board of Appeals can consider any request. Please refer to the relevant sections of the Fife Lake Township Zoning Ordinance for guidance on the required materials to prepare and attach to this application.
Total Number of Pages Attached: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge and belief and I understand that incomplete or inaccurate applications may result in the denial of this application.

Signature(s) of applicants: _____

Date Signed _____

