

GLEN ARBOR TOWNSHIP

P.O. Box 276 Glen Arbor, MI 49636

231-334-3539 *** glenarbor@glenarbortownship.com *** FAX 231-334-6370

GLEN ARBOR TOWNSHIP
APPLICATION

Application for: (check any that apply)

- | | | | |
|-------|------------------|-------|-----------------------------|
| _____ | Rezoning | _____ | Subdivision |
| _____ | Special Land Use | _____ | Planned Unit Development |
| _____ | Site Plan Review | _____ | Variance (Board of Appeals) |
| _____ | Other | _____ | Land Use Permit |

All Applications must include a Site Plan that complies with Section XIII.8 of the Glen Arbor Zoning Ordinance.

Requests for Variances require Site Plan by certified architect showing setbacks.

Applicant Information

Name _____

Phone _____ FAX _____

Address _____

Owner Information (if different from applicant)

Name _____

Phone _____ FAX _____

Address _____

Property Information

Address/Location _____

Parcel # _____

Zoning (Current) _____ Property Size _____

Description of Proposed Use/Request (use other side or attach pages as needed)

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant

Date

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Optional: I hereby grant permission for members of the Glen Arbor Township (Planning Commission), (Board of Appeals), (Township Board), or (Zoning Administrator) to enter the above described property for the purposes of gathering information related to this application. Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.

_____ Date _____
Signature of Applicant

Office Use Only

Date Received _____ Fee Paid _____

Materials Received

Site Plans _____

Legal Description _____

Application accepted by; _____