

Zoning Special Use and Variance Hearing Application

Comins Township PO BOX 190 Fairview, MI 48621 (989) 848-5811

Application for: (check one that applies)

Rezoning

Special Land Use

Site Plan Review

Variance (Board of Appeals)

Lot Line adjustments

Subdivision

Land Division

Planned Unit Development

Other

Applicant Information:

Name _____

Address _____

Phone _____ Fax _____ E-Mail _____

Name _____

Address _____

Phone _____ Fax _____ E-Mail _____

Property Information:

Address/Location _____

Parcel # _____

Current Zoning _____ Property Size _____

Detail Description and Included a Detail Map of Proposed Use/Request
(use other side of paper 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 _____

Optional: I hereby grant permission for members of Comins Township (Planning Commission) (Board of Zoning 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.

Signature of applicant _____

Date _____

Office Use Only

Date Received _____ Fee _____ Materials Received: Site Plans _____ Legal

Description _____

Application accepted by: _____

Chairperson _____ Secretary _____

