

CITY OF STANTON
PO Box 449
225 S. Camburn Stanton, MI 48888
Phone: 989 -831-4440 Fax: 989-818-2019
www.stantononline.com

APPLICATION FOR PLANNING COMMISSION REVIEW

Date: _____

1. Applicant Name: _____

Address: _____

Telephone: _____ Email _____

Applicant's interest in property: _____

2. Owner Name (IF DIFFERENT FROM ABOVE): _____

3. Request:

- | | | |
|---|---|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Plat |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> PUD | <input type="checkbox"/> Site Condominium |
| <input type="checkbox"/> Other | | |

Project Description: _____

4. Address of Property: _____

5. Legal Description: _____

6. Current Zoning: _____ Proposed Zoning: _____

7. Size of Parcel: _____

8. Applicant's Signature: _____ (DATE) _____

9. Property Owner's Signature: _____ (DATE) _____

OFFICE USE ONLY

Fee Paid _____ Date(s) Advertised _____

Date of Planning Commission Meeting _____ Action _____

Date of City Commission Meeting _____ Action _____