

DORR TOWNSHIP
4196 18th Avenue Dorr, MI 49323
Ph. 616-681-9874 Fax 616-681-2411
Application for Planning Commission Review

Date: _____

1. Applicant Name: _____

Address: _____

Telephone: (HOME) _____ (BUS.) _____

Applicant's interest in property: _____

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

3. Request:

? Rezoning ? Special Land Use ? Plat
? Site Plan Review ? PUD ? Site Condominium
? 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

Application #: _____ Date(s) Advertised: _____

Fees Paid: _____ Date of Meeting: (COMM.) _____ (BOARD) _____

Action Taken by Commission: _____

Action Taken by Board: _____