

Fife Lake Township

134 Morgan St.
Fife Lake, Mi. 49633
PO Box 87
1-231-879-3963

PLANNING COMMISSION

Case #: _____

Date: _____

APPLICANT:

1. Last Name: _____ First Name: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Property ID/Parcel #: _____

5. Telephone: _____

6. Existing Zoning: _____

7. Address of Property if different from 2: _____

Action Requested (check all that apply)

- Change of Zoning (Re-zoning)
- Special Land Use
- Condominium Subdivision
- Planned Unit Development (PUD)
- Temporary Use
- Other (describe)

Signature of Property Owner: _____

Plot Plan/Site Plan information: (a detailed drawing is required to 1/4 inch = scale and must include all of the requirements for "Site Plan"*)

* refer to Article 18, " Site Plan Standards" from Zoning and provide copy.

** Sealed architectural drawings are required for all commercial applications.

Hearing Date: _____

Fee: _____ Paid by: Cash _____ Check #: _____

NOTE: You may attach a letter, photographs, Soil-borings, geographical or any other information to assist you in your position or presentation of this request, in fact it is encouraged.

Your Request has been: Approved: _____ Denied: _____ Reasons or Special conditions: (any reasons for either the approval or denial must be so stated as well as any special conditions attached to the approval).

Public Notice Required: Yes: _____ No: _____ Name of Newspaper: _____

Date of printing: _____ (notice must be attached)

300 Foot Notices: Yes _____ No: _____ (list sent: copy must be attached)

Correspondence: Yes _____ No _____ (must be attached if any was received)

Vote of Board: _____
(ie: 4 nay 1 yea)

Chairman Planning Commission

I have been personally handed a copy of the decision of the Planning Commission and fully understand all of the conditions and reasons for that decision: Additionally I understand that a Zoning Permit is still required and must be obtained before the start of any work.

APPLICANT

WITNESS

DATE: _____