
CITY OF TRAVERSE CITY
APPLICATION FOR
S.L.U.P. MINOR AMENDMENT



Date of Application: _____ S.L.U.P. # _____

Owner's Name (s): _____

Applicant's name: _____

Address: _____

Site Address: _____ Tax ID# _____

Description of Request:

Signature of Applicant

Date

Comments: _____

Approval: _____
Planning/Zoning

Date: _____