

TRAVERSE CITY PLANNING COMMISSION
APPLICATION FOR
ZONING CHANGE

APPLICATION FEE: **\$425.00** DATE: _____
Check No: _____ Hearing Date: _____
Receipt No: _____ Case No: _____

Address of subject Property: _____
Tax Parcel Number: _____
Legal Description: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

Signature of Owner: _____

Owner's Address: _____

Applicant's Signature: _____

Relationship of Applicant to Owner: _____

Applicant's Address: _____

Applicant's Telephone: _____

APPLICATION REQUIREMENTS

The fee of \$425.00 must accompany this request.

This application must be presented to the City Planning Department a **minimum of twenty-four (24) days prior to the public hearing**. After the Planning Commission makes a recommendation, the matter will be forwarded to the City Commission before which another public hearing will be held. Action by the City Commission completes the rezoning process.

Thirteen (13) copies of a site plan, drawn to scale and complete with the following, must accompany this application:

1. All property lines and setbacks shown.
2. Indicate and name adjacent streets and alleys.
3. Indicate all existing structures on the property.
4. Indicate the scale of the drawing.
5. North arrow.
6. Any additional information deemed by the Planning Commission Secretary to be necessary for proper review of the request.