

**BRANT TOWNSHIP
APPLICATION FOR ZONING
PLANNING COMMISSION**

TYPE / PRINT IN INK, ALL INFORMATION

OWNER OR QUALIFIED REPRESENTATIVE MUST BE PRESENT, OR NO ACTION WILL BE TAKEN.

APPLICANT: _____ PHONE #: (_____) _____

ADDRESS: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

OWNER: _____ PHONE #: (_____) _____

ADDRESS: _____

SIGNATURE OF OWNER _____ DATE: _____

COMMON ADDRESS OF PROPERTY: _____

PROPERTY NUMBER ON TAX STATEMENT: _____
(OR, ATTACH A COPY OF YOUR MOST RECENT TAX STATEMENT)

ZONING CHANGE FROM; _____ TO _____

SIZE OF PARCEL: _____ x _____ ACRES: _____

CURRENT USE OF PROPERTY: _____

REASON FOR ZONING REQUEST: _____

PLEASE PROVIDE THE FOLLOWING:

- _____ * APPLICATION FEE: A CHECK FOR \$450.00, PAYABLE TO BRANT TWP.
- _____ * A COPY OF YOUR DEED
- _____ * A COPY OF YOUR PROPERTY TAX NOTICE
- _____ * PICTURES FROM ALL DIRECTIONS OF STRUCTURES ON THE PROPERTY
- _____ * A SITE LAYOUT OF THE PROPERTY, SHOWING DIMENSIONS OF PROPERTY AND STRUCTURES ON THE PROPERTY.
- _____ * SHOW DISTANCE OF STRUCTURES FROM ALL LOT LINES. USE EDGE OF ROAD RIGHT OF WAY FOR FRONT LOT LINE.

FOR OFFICE USE ONLY

DATE OF HEARING _____ DATE OF APPLICATION _____

FILING FEE (\$450,00) _____ RECEIPT # _____

RECOMMENDATION OF PLANNING COMMISSION (ZONING BOARD): DATE: _____

APPROVAL _____ DENIAL _____ OTHER _____

REASON: _____

REVIEW BY SAGINAW COUNTY PLANNING DEPARTMENT: DATE: _____

APPROVAL _____ DENIAL _____ OTHER _____

REASON: _____

BRANT TWP., BOARD ACTION: DATE: _____

APPROVAL _____ DENIAL _____ OTHER _____

REASON: _____

ORDINANCE NUMBER: _____

COMMENTS: _____

RETURN TO: SCOTT CROFOOT
1355 WILSON AVE.
SAGINAW, MI 48638
PH (989)737-5671