

BOWNE TOWNSHIP
PO Box 35, 8240 Alden Nash Road, Alto, Michigan 49302
Ph. 616-868-6846 Fax 616-868-0110
Application for Development Review

PURPOSE OF APPLICATION FORM

This application has been designed to assist applicants in complying with Township requirements. It is not the intent of this form however to address all requirements and obligations for the applicant. It is the applicant's responsibility to obtain a copy of the Zoning Ordinance and to comply with all relevant provisions.

APPLICANT INFORMATION

Date: _____

- 1. Name: _____
 Address: _____
 Telephone: (HOME) _____ (BUS.) _____
 Email: _____ Fax: _____
 Interest in property: _____
- 2. Owner Name (IF DIFFERENT FROM APPLICANT): _____

APPLICANT'S REPRESENTATIVE, IF ANY (Attorney, Engineer, Land Use Planner, etc.)

- 3. Name: _____
 Address: _____
 Telephone: (BUS.) _____ Fax: _____
 Email: _____
- 4. Request:

<input type="checkbox"/> Rezoning	<input type="checkbox"/> Special Land Use
<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Plat
<input type="checkbox"/> Site Condominium	<input type="checkbox"/> Planned Unit Development (PUD)

PROPERTY INFORMATION

- 5. Property Address: _____
- 6. Size of Parcel: _____
- 7. Permanent Parcel Number: 41- _____
- 8. Please attach a separate sheet with the legal description of the property.
- 9. Existing Zoning: _____ Proposed Zoning: _____
- 10. Proposed Use: _____

SIGNATURES & ACKNOWLEDGEMENTS

I hereby attest that the information on this form is, to the best of my knowledge, true and accurate. I hereby grant permission for members of the Township Planning Commission, staff and consultants to enter the subject property for the purposes of gathering information related to the request. I further acknowledge that I must attend the Planning Commission meeting to present my proposal and answer questions related to this request.

11. Applicant's Signature: _____ (DATE) _____

12. Property Owner's Signature: _____ (DATE) _____

OFFICE USE ONLY

Date Application Filed: _____

Application Fee: _____ Date Paid: _____

Escrow Deposit Amount: _____ Date Paid: _____

Additional Escrow Deposit Amount: _____ Date Paid: _____

Date of Planning Commission Meeting: _____ Public Hearing Date(s): _____

Date of Township Board Meeting: _____