

Shelby Township Planning & Zoning Application

Planning Commission

Zoning Board of Appeals

Address/Location of Subject Property: _____

Parcel # of Subject Property: _____

Current Zoning & Use of Subject Property: _____

Applicant Information:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone (H): _____ Phone (W): _____ Fax: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____

Date: _____

I hereby grant permission for members of Shelby Township (Planning Commission) (Zoning Board of Appeals) (Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: _____

Date: _____

Applicant is the: Owner Lessee Optionee Contractor/Architect

If the applicant is not the owner of the property, complete the following:

Owner's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Signature: _____

Proposed Use: _____ Proposed Zoning: _____

Explanation of Request: _____

If the application is for a variance, please attach one (1) copy of a site plan. If the application is for a Site Plan Review or Planned Unit Development, please attach twelve (12) copies of a complete site plan.

TO BE COMPLETED BY THE TOWNSHIP

Date application received and accepted: _____

Receipt Number: _____ Staff: _____

Meeting Date (if applicable): _____

Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a Freedom of Information Act Request is filed.