



CHARTER TOWNSHIP OF COMSTOCK PLANNING & ZONING APPLICATION

Shipping: 6138 King Highway, Kal., MI 49048
Mailing: PO Box 449, Comstock MI 49041-0449
Phone: 269-381-2360 Fax: 269-381-4328

PLEASE PRINT

PROJECT NAME AND ADDRESS: _____

APPLICANT:

Name _____

Company _____

Address _____

Email _____

Phone _____ Fax _____

Interest in the Property _____

OWNER*:

Name _____

Company _____

Address _____

Email _____

Phone _____ Fax _____

*If different

NATURE OF REQUEST: (Please check all the appropriate item(s))

- | | |
|--|--|
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Administrative Site Plan Review | <input type="checkbox"/> Master Plan Amendment |
| <input type="checkbox"/> Special Exception Use | <input type="checkbox"/> Text Amendment |
| <input type="checkbox"/> Site Condominium | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Subdivision Plat Review | <input type="checkbox"/> Interpretation |
| <input type="checkbox"/> PUD/PURD/PMUD | <input type="checkbox"/> Planning Escrow |
| <input type="checkbox"/> Other: _____ | |

BRIEFLY DESCRIBE YOUR REQUEST (Use Attachments if Necessary): _____

Township Use:
Fee:
\$ _____
Escrow:
\$ _____
Date Paid:

cash/credit card
check # _____

LEGAL DESCRIPTION OF PROPERTY (Use Attachments if Necessary): _____

PARCEL NUMBER: 3907 - _____

ADDRESS OF PROPERTY: _____

PRESENT USE OF THE PROPERTY: _____

PRESENT ZONING: _____ SIZE OF PROPERTY: _____

NAME(S) & ADDRESS(ES) OF ALL OTHER PERSONS, CORPORATIONS, OR FIRMS HAVING A LEGAL OR EQUITABLE INTEREST IN THE PROPERTY:

Name(s)	Address(es)
_____	_____
_____	_____

SIGNATURES

I (we) the undersigned certify that the information contained on this application form and the required documents attached hereto are to the best of my (our) knowledge true and accurate. By submitting this Planning & Zoning Application, I (we) grant permission for Comstock Township officials and agents to enter the subject property of the applicant as part of completing the reviews necessary to process the application. I (we) as Applicant(s), understand that I (we) am responsible for the reimbursement to the Township of its actual expenses in connection with my (our) application, under the Township's Escrow Fee Policy, and I (we) agree to pay such amounts under the terms of that policy.

Applicant's Signature _____
Date

Owner's Signature authorizing submission of Application _____
Date
(If different from Applicant)*

**** PLEASE ATTACH ALL REQUIRED DOCUMENTS ****

- | |
|--|
| Copies to:
Planning & Zoning - 1
Applicant - 1
Treasurer - 1
Assessor - 1
Administrative Assistant - Original |
|--|