



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
Fax: (989)426-6942

CITY OF GLADWIN SITE PLAN REVIEW APPLICATION

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance)

Property Owner Name: _____

Property Address: _____

Tax Parcel ID Number(s): _____

Zoning District: _____

Description of the Proposed Use: _____

Please submit one 36- by 24-inch, one 11- by 17-inch, and one digital copy of all site plans and supporting information.

For Office Use Only:

Application Fee: _____ Date Paid: _____

Date of PC Hearing: _____ Site Plan Approved Site Plan Denied

Site Plan Conditionally Approved

(Attach: Minutes of PC Meeting)

Conditions Imposed by the Planning Commission: _____
