

**GRATTAN TOWNSHIP
PLANNING APPLICATION
SIMPLE SITE PLAN REVIEW**

Applying for the following:

Simple Site Plan Review []

Assigned Meeting Date: _____

Date Application Rec'd: _____

Application Fee: \$450.00

Escrow: \$500.00 (Minimum)

Note: This application will not be processed if incomplete. All required material (12 copies) must be submitted twenty-one (21) days prior to the assigned meeting date..

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Property Information:

Address: _____

Permanent Parcel #: 41-12- _____

Current Zoning: _____

COPY OF DEED IS REQUIRED WITH THIS APPLICATION

Received: _____

Description of Proposed Request:

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

Signature

Date

I hereby grant permission for members of the Grattan Township Planning Commission to enter the above-described property for the purpose of gathering information related to this application. Note to the Applicant: This is optional and will not affect any decision related to your application.

Signature

Date

FOR OFFICE USE ONLY

Date received: _____

Received By: _____

Zoning Administrator Approval: _____

Fees Paid: \$ _____

Check #: _____

Copy sent to: Clerk [] - Supervisor [] - Planning Commission Chair [] - Engineer [] - Lawyer