

PARCEL # _____ DATE FILED _____

PORT SHELDON TOWNSHIP PUD APPLICATION

Port Sheldon Township
16201 Port Sheldon Street West Olive MI 49460
616-399-6121

Application is hereby made to the Planning Commission for a Planned Unit Development pursuant to the provisions of the Zoning Ordinance.

Name of Applicant _____ Phone # _____

Mailing Address of Applicant _____

Name of Owner (if different) _____

Owner mailing address and phone number _____

Parcel number of subject property _____

Address of subject property _____

Current zone district of subject property _____

Applicants interest in property _____

Present use of site: property and or structure _____

Proposed use of site: property and or structure _____

Size of existing and or proposed structure and parcel _____

Description of existing or proposed structure _____

Describe the nature of your request _____

If there has been a previous request involving this PUD state the date of filing, the nature of the request and disposition of same _____

Signature of applicant/agent

THIS APPLICATION MUST BE ACCOMPANIED BY A SITE PLAN AS REQUIRED BY SECTION 19.03 (b) (2) AND A FILING FEE OF \$900.00 (plus)