## Columbia Township Tuscola County

Permit #\_\_\_\_\_

You <u>must</u> answer all questions and include all attachments, or this will be returned to you.

Ар	lication For: (check any that Apply)			
-	RezoningSubdivision			
	Special Land UseLand Division			
	Site Plan ReviewPlanned Unit Development			
	Variance (Board of Appeals)Other			
Ap	licant Information			
Na	ne:			
	ress:			
Tel	ephone: (Email:Email:			
Со	tractor:License #:			
	ner Information (If different than applicant): ne:			
Ad	ress:			
Tel	phone: (Email:Email:			
Ad	perty Information ress/Location			
Pai	Parcel #			
201	ng (Currant)Property Size:			
De	cription of Proposed Use/Request (Use other side or attach pages as needed)			
pai	<b>ELOPMENTS SITE LIMITS</b> (Check each, which represent a condition, which exists on the parent cel:			
	Waterfront property (river, lake, pond etc) includes wetlands			
	Is within a flood plain Includes a beach			
	Is on muck soils or soils known to have serve limitations for on site sewage system			
AT	ACHMENTS: All the following attachments MUST be included. Letter each attachment as shown:			
A. 1) 2) 3)	<ol> <li>current boundaries (as of March 31, 1997), and</li> <li>existing and proposed road/easements right-of-way(s), and</li> <li>easements for public utilities from each parcel that is a development site to existing public utility facilities, and</li> </ol>			

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

Signature of applicant

Optional: I hereby grant permission for members of the Columbia Township (Planning Commission) (Zoning Board of Appeals) (Township Board) (or Zoning Administrator) to enter the above described property for the purposes of gathering information related to this application. Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.

Signature of applicant

Please Mail to COLUMBIA TOWNSHIP at 6398 Graf Rd, Unionville, MI 48767 or Email to columbiatwsp@att.net

For Office Use	Date Filed	Amount Paid:
Only:	Case #	Hearing Date:
	Current Zoning:	Parcel ID No.:

Date

Date