



CASCADE CHARTER TOWNSHIP

5920 Tahoe Dr. SE, Grand Rapids, Michigan 49546-7140

PLANNING & ZONING APPLICATION

APPLICANT: Name: _____

Address: _____

City & Zip Code _____

Telephone: _____

Email Address: _____

OWNER: * (If different from Applicant)

Name: _____

Address: _____

City & Zip Code: _____

Telephone: _____

Email Address: _____

NATURE OF THE REQUEST: (Please check the appropriate box or boxes)	
<input type="checkbox"/> Administrative Appeal	<input type="checkbox"/> Administrative Site Plan Review
<input type="checkbox"/> Deferred Parking	<input type="checkbox"/> P.U.D. – Rezoning *
<input type="checkbox"/> P.U.D. – Site Condominium *	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Site Plan Review *	<input type="checkbox"/> Sign Variance Subdivision
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Plat Review *
<input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Other: _____*

*** Requires an initial submission of 5 copies of the completed site plan**

BRIEFLY DESCRIBE YOUR REQUEST:**

(**Use Attachments if Necessary)

-SEE OTHER SIDE-

LEGAL DESCRIPTION OF PROPERTY:**

(**Use Attachments if Necessary)

PERMANENT PARCEL (TAX) NUMBER: 41-19 _____

ADDRESS OF PROPERTY: _____

PRESENT USE OF THE 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. I (we) also agree to reimburse the Cascade Charter Township for all costs, including consultant costs, to review this request in a timely manner. I (we) understand that these costs may also include administrative reviews which may occur after the Township has taken action on my (our) request.

I (we) the undersigned also acknowledge that the proposed project does not violate any known property restrictions (i.e. plat restrictions, deed restrictions, covenants, etc.)

Owner – Print or Type Name
(*If different from Applicant)

Applicant – Print or Type Name

* _____
Owner’s Signature & Date
(*If different from Applicant)

Applicant’s Signature & Date

PLEASE ATTACH ALL REQUIRED DOCUMENTS NOTED IN THE PROCESS REVIEW SHEET – THANK YOU