

Lilley Township

Application for: (check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Land Division |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Variance (Board of Appeals) | <input type="checkbox"/> Other |

Applicant Information

Name _____
Phone _____ Fax _____ Email _____
Address _____

Owner Information (If different from applicant)

Name _____
Phone _____
Address _____

Property Information

Address/Location _____
Parcel # _____
Zoning (Current) _____ Property Size _____

Description of Proposed Use/Request (use other side or attach pages as needed)

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

Signature of applicant

Date

Optional: I hereby grant permission for members of the Lilley Township (Planning Commission) (Board of Zoning Appeals) (Township Board) (or Zoning Administrator) to enter the above-described property for the purposes of gathering information related to this application. Entry on the property is coordinated and accompanied with the owner.

Signature of applicant

Office Use Only

Date Received _____ Fee Paid _____
Materials Received _____ Site Plans _____ Legal Description _____

Application accepted by: _____