



CITY OF BANGOR

257 West Monroe Street
Bangor, Michigan 49013
Telephone: 269.427.5831
Facsimile: 269.427.7919
www.bangormi.org

CITY USE ONLY

<input type="checkbox"/> Fee Paid	Amount: \$ _____
<input type="checkbox"/> Submitted Materials	
Date Rec'd:	
Rec'd By:	

LAND USE APPLICATION

THIS APPLICATION IS FOR: *(Check One)*

- | | | | |
|---|-------|--|------|
| <input type="checkbox"/> Rezoning Request | \$600 | <input type="checkbox"/> Special Use Permit | \$75 |
| <input type="checkbox"/> Site Plan Review | \$75 | <input type="checkbox"/> Variance Request | \$75 |
| <input type="checkbox"/> Planned Unit Development | \$75 | <input type="checkbox"/> Home Occupation Request | \$75 |
| <input type="checkbox"/> Other _____ | | | |

Application Being Submitted by *(Please print)*

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner of the property for which the action is requested *(if different than above)*

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Property Information

Address or Location of Parcel/Property: _____

Permanent Parcel Number: 80-54- _____

Current Zoning of Parcel: _____ Parcel Size: _____

Description of Proposed Use/Request *(attach additional sheets as necessary)*

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

Applicant's Signature

I hereby grant permission for members of the City of Bangor (Planning Commission, Board of Appeals, City Council) to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application, request or proposal. (Note: This is optional and will not affect any decision on your application.)

Applicant's Signature