



Fee: <u>\$125/parcel</u>
Date Rec'd: _____
Application #: _____
Meeting Date: _____

**City of Flint**  
**Planning & Zoning Department**  
**1101 S Saginaw Street Room S105, Flint, MI 48502**  
**Phone: (810)766-7426**  
[www.cityofflint.com/departments/planning-and-zoning/](http://www.cityofflint.com/departments/planning-and-zoning/)

**Application for Zoning Confirmation Letter**

<b>Property Address &amp; Parcel ID Numbers</b>	Property or Street Address:		
	Parcel I.D. Number(s):		
	Zoning District:		
<b>Project Description</b>			
	Does project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applicant</b> <i>(Must have a legal interest in the property)</i>	Name:		
	Firm:		
	Address:		
	City:		
	State:		Zip Code:
	Phone:		Email:
	<input type="checkbox"/> Own the property		
	<input type="checkbox"/> Lease the property, if so what is term of lease?	Years:	W/ options? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Have offer to purchase property (attach purchase agreement)		
	<input type="checkbox"/> Other property interest: (e.g., architect, attorney, contractor, etc.)		
	Applicant Signature:		

<b>Primary Contact</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			
	<b>Property Owner</b> <input type="checkbox"/> Same as applicant	Name:		
Firm:				
Address:				
City:				
State:			Zip Code:	
Phone:			Email:	
Relationship to Applicant (e.g., architect, attorney, contractor, etc.)				

Please note:

**The non-refundable fee made payable to the City of Flint must accompany your application.**

Please list any additional information you wish to be addressed by the Zoning Confirmation Letter here. Attach additional sheets if necessary.

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