

City of Flint Planning & Zoning Department Applicatio Meeting D 1101 S Saginaw Street Room S105, Flint, MI 48502

Fee: \$125/parcel
Date Rec'd:
Application #:
Meeting Date:

Phone: (810)766-7426 www.cityofflint.com/department/planning-and-zoning/

	Application	for Zoning	Confirma	tion Lette	er			
Property	Property or Street Address:							
Address &								
Parcel ID	Parcel I.D. Number(s):							
Numbers								
	Zoning District							
Project								
Description								
	Does project in	•	, ,		☐ Yes	□ No		
	Merchant Lice			Distributor				
	License, or oth Are there any			·/2				
A 1' (,	easements of	i the property	y :	☐ Yes	□ No		
Applicant (Must have a legal	Name:							
interest in the	Firm:							
property)								
	Address:							
	City:							
	State:			Zip	Code:			
	Phone:		Email:					
	☐ Own the prop	perty	'					
	□ Lease the p	roperty, if	Years:	W/ options	? □ Yes	□No		
	so what is term of lease?							
	☐ Have offer to purchase property (attach purchase agreement)							
	☐ Other property interest: (e.g., architect, attorney, contractor, etc.)							
	Applicant							
	Signature:							

Primary Contact	Name:				
☐ Same as	Firm:				
applicant	Address:				
	City:				
	State:			Zip Code:	
	Phone:		Email:	1	
		to Applicant (e.g., rney, contractor, etc.)			
Property Owner	Name:				
☐ Same as applicant	Firm:				
	Address:				
	City:				
	State:			Zip Code:	
	Phone:		Email:		
		to Applicant (e.g., rney, 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.