SUBMIT TO:
City of Flint
Planning & Zoning Office
1101 South Saginaw Street Room S105
Flint, MI 48502
810-766-7355
Fax: 810-766-7249 www.cityofflint.com

Signature of Property Owner

ZL	
Date Rec'd	

Date

## **APPLICATION FOR ZONING LOT**

Request to establish a Zoning Lot Application Filing Fee due at time of submission. Fees are non-refundable

Name:	Email Address:		
	City:		
	Cell:		
Property Owner:			
Name:	Email Address:		
	City:		
Phone:	Cell:	Fax:	
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