

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

Fee: <u>\$50/parcel</u>			
Date Rec'd:			
Application #:			
Meeting Date:			

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

	Application for Zoning Confirmation Letter							
Property	Property or Street Address:							
Address &								
Parcel ID	Parcel I.D. Number(s):							
Numbers	Taloel I.D. Nulliber(s).							
D	Zoning District:							
Project								
Description								
	Does project in				☐ Yes	□ No		
	Merchant Licer			Distributor				
	License, or oth Are there any e			v2				
Annlicent	Name:		Title propert	y :	☐ Yes	□ No		
Applicant (Must have a legal	Name.							
interest in the	Firm:							
property)								
	Address:							
	City:							
	01.1			7.	0 1			
	State:			Zip	Code:			
	Phone:		Email:					
	- O "							
	☐ Own the prop		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	☐ Lease the pressure of th		Years:	W/ options	? 🗆 Yes	□ No		
	☐ 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:	E	Email:		
		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.)			

<u>Please note:</u> 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.