

**SUBMIT TO:**  
 City of Flint  
 Zoning Office  
 1101 South Saginaw Street Rm. S105  
 Flint, MI 48502  
 810.766.7355  
 Fax: 810.766.7249    www.cityofflint.com

For Office Use Only  
 Case No. PC \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Meeting Date \_\_\_\_\_

**APPLICATION FOR FLINT PLANNING COMMISSION**

Concerning a request to amend, supplement, or change the district boundaries of regulations established in Chapter 50, commonly referred to as the Zoning Ordinance of the City of Flint.

Application Filing Fee due at time of submission. Fees are non-refundable.

**To be completed by applicant:**

<u>Applicant/Agent</u>			<u>Property Owner (if different than Applicant)</u>		
Name _____			Name _____		
Address _____			Address _____		
(City) _____	(State) _____	(Zip) _____	(City) _____	(State) _____	(Zip) _____
Telephone _____		Fax _____	Telephone _____		Fax _____
Email _____			Email _____		

**Requested Action and Non-refundable Filing Fee:**

- |  |  |
|--|--|
| <input type="checkbox"/> Street Name Change - \$1,002.00   | <input type="checkbox"/> Street/Alley Vacations - \$1,002.00 |
| <input type="checkbox"/> Rezoning - \$1,253.00             | <input type="checkbox"/> Conditional Use - \$1,002.00        |
| <input type="checkbox"/> Conditional Rezoning - \$1,002.00 | <input type="checkbox"/> Special Regulated Use - \$1,002.00  |

**Information regarding the site:**

Street Address \_\_\_\_\_  
 Major Cross Streets \_\_\_\_\_  
 Parcel No. \_\_\_\_\_ Current Zoning District \_\_\_\_\_  
 Current Use \_\_\_\_\_

**Information regarding request:**

Proposed Use \_\_\_\_\_ Proposed Zoning District \_\_\_\_\_

Explain Request (On Page 2)

Explain Request:

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PROPERTY OWNER MUST ATTEND PLANNING COMMISSION MEETINGS OR BE REPRESENTED BY A PERSON WITH NOTORIZED LETTER OF REPRESENTATION TO ACT ON BEHALF OF OWNER.

I hereby affirm that the above information is correct to the best of my knowledge and grant permission for City Officials and or City Staff to conduct an on-site inspection.

Signature of Property Owner

Print Name

Date

Signature of Applicant

Print Name

Date

<----- For Office Use Only ----->

Date Planning Commission Hearing is Scheduled

Date notice of Planning Commission meeting published

Date notice of Planning Commission meeting was mailed to property owners/occupants within 300ft of parcel

**Planning Commission Decision:**

**Approved**

**Denied**

**Approved as Amended**

**Other:** \_\_\_\_\_

Remarks:

Large empty rectangular box for additional information or remarks.