

NILES CHARTER TOWNSHIP ZONING APPLICATION

Planning Commission: <input type="checkbox"/> Special Use Permit (9 copies of site plan) <input type="checkbox"/> Site Plan Review (9 copies of site plan) <input type="checkbox"/> Planned Unit Development (9 copies of site plan) <input type="checkbox"/> Site Condominium (9 copies of site plan) <input type="checkbox"/> Zoning Ordinance Text Amendment <input type="checkbox"/> Zoning Map Amendment (1 copy of map) <input type="checkbox"/> Private Road (10 copies of site plan)	Zoning Board of Appeals: <input type="checkbox"/> Variance <input type="checkbox"/> Interpretation of Ordinance or Map <input type="checkbox"/> Administrative Appeal
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Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ E-mail: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____ **Date:** _____

Applicant is the: Owner Lessee Optionee Contractor/Architect

Property Owner's Name (if different from applicant): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ E-mail: _____

Signature: _____ **Date:** _____

I hereby grant permission for members of the Niles Charter Township (Planning Commission) (Zoning Board of Appeals) (Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: _____ **Date:** _____

Project Location or Address: _____

Parcel Number: _____

Explanation of Request: _____

TO BE COMPLETED BY TOWNSHIP

Date application and fee received and accepted: _____ Staff Initials: _____

Receipt Number: _____ Meeting Date: _____

Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a Freedom of Information Act Request is filed.