

**WRIGHT TOWNSHIP**  
**1565 Jackson St., Marne, MI 49435**  
**Ph. 616-677-3048 Fax 616-677-3046**  
**Application for Planning Commission Public Hearing and Review**

Date: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (HOME) \_\_\_\_\_ (BUS.) \_\_\_\_\_

Applicant's interest in property: \_\_\_\_\_

2. Owner Name (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

3. Request:  
 Rezoning                       Special Land Use                       Plat                       Other  
 Site Plan Review                       PUD                       Site Condominium

Project Description: \_\_\_\_\_

Parcel Number:                      70-06-  
\_\_\_\_\_

4. Address of Property: \_\_\_\_\_

5. Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

7. Size of Parcel: \_\_\_\_\_

8. Applicant's Signature: \_\_\_\_\_ (DATE) \_\_\_\_\_

9. Property Owner's Signature: \_\_\_\_\_ (DATE) \_\_\_\_\_

**(If the costs run over the original escrow fee, the balance will be billed to the applicant, overpayment will be refunded. By signing this the applicant is granting permission to Wright Township officials and staff to inspect the site. If requested to do so, the applicant will place stakes to indicate boundaries, building locations, etc. )**

**OFFICE USE ONLY**

Application #: \_\_\_\_\_ Date(s) Advertised: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ Date of Meeting: (COMM.) \_\_\_\_\_ (BOARD) \_\_\_\_\_

Escrow: \_\_\_\_\_ Action Taken by Commission: \_\_\_\_\_

Action Taken by Board: \_\_\_\_\_