

**WRIGHT TOWNSHIP – OTTAWA COUNTY - MICHIGAN  
PRE-CONFERENCE FORM**

APPLICATION DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF ENGINEER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LAND OWNER NAME (if different from applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARCEL NUMBER OF PROPOSED SITE: \_\_\_\_\_

ATTACH LEGAL DESCRIPTION OF PROPOSED SITE.

FEE: \$ \_\_\_\_\_

Established by Wright Township Board  
plus actual costs and professional fees.

\_\_\_\_\_  
Wright Township Supervisor

\_\_\_\_\_  
Date