

**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