

Pre-Application Request

Almont Township Offices
819 N. Main St.
Almont, MI 48003
phone: (586) 798.8521 fax: (586) 798.7097

Date: _____
Pre-Application Request**

APPLICANT'S NAME: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

PROPOSED DEVELOPMENT: _____ Parcel #: _____ Lots: _____
Acreage: _____ Existing Zoning: _____

Site Location/Address (Attach Map or Provide on Opposite side of Application): _____

DESCRIPTION OF REQUEST (Please indicate what your intentions are for the property and your timeframe for establishing the use):

LEGAL OWNER: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

** The applicant or representative must be present at the Planning Commission meeting if Planning Commission review is required. The applicant recognizes that a pre-application review is a non-binding review by the Planning Commission. Any comments provided are merely an opinion and have no bearing on any future decisions that may or may not be made by the Planning Commission on a particular submission. Following a pre-application review, It is solely up to the applicant to determine whether or not they would like to submit a formal application to the Planning Commission. The undersigned deposes that foregoing statements and answers and accompanying information are true and correct:

Signature of Applicant
Please type or print your name below

Signature of Legal Owner
Please type or print your name below
