

Almont Township
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Almont, MI 48003
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ALMONT TOWNSHIP PLANNING COMMISSION
APPLICATION REQUEST FOR A TEMPORARY
USE OR STRUCTURE

Date: _____ Application Number: _____

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Proposed Development: _____

Site Location Address: _____

Property Owner's Name & Phone Number _____

Description of Request (Please indicate what your intentions are for the property and your
timeframe for establishing the use): _____

**The applicant or representative of this application must be present at the Planning Commission meeting when said application is on the agenda. All documents (10 copies) pertaining the application must be forward to the Township Zoning Department not less than 2 weeks prior to the scheduled Planning Commission meeting.

Signature of Applicant

Signature of Legal Owner

Please type or print name above

Please type or print name above