

**APPLICATION FOR REZONING
THOMAS TOWNSHIP PLANNING COMMISSION**

249 N. Miller Road
Saginaw Michigan 48609
(989) 781-0150 FAX (989) 781-0290
www.thomastwp.org

Office Use Only:

REZONING		
G.L. 101-000-000-494-000		
Date Filed: _____	Amount Paid: \$ _____	Hearing Date: _____

Preliminary Fee is \$325.00 Special Meeting Fee is \$500.00
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Signature: _____ Date: _____

Name: _____

Address: _____

Phone Number (Home): _____ (Work): _____

Provide the legal description of the property affected for a rezoning.

Tax Identification Number: _____

Current Zoning: _____ Requested Zoning: _____

Current owner of property, if different then applicant for a rezoning

Signature: _____ Date: _____

Name: _____

Address: _____

Phone Number (Home): _____ (Work): _____

*This application must be filled out completely and returned to the Community Development Department
no less than 30 days prior to a scheduled Planning Commission Hearing.*