

**APPLICATION FOR THOMAS TOWNSHIP
ZONING BOARD OF APPEALS**

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

Office Use Only:

Zoning Board of Appeals		
G.L. 101-000-000-491-000		
Date Filed: _____	Amount Paid: \$ _____	Hearing Date: _____

Fee Per Hearing is \$325.00

Name: _____

Address: _____

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

Signature: _____ Date: _____

Provide the legal description of the property affected

Tax Identification Number: _____

Current Zoning: _____

Current Owner of Property if different than Applicant

Name: _____

Address: _____

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

Signature: _____ Date: _____

***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.***

