



REZONING APPLICATION – THOMAS TOWNSHIP PLANNING COMMISSION

Rezoning Fee is \$325.00 – Special Meeting is \$500.00

Name: _____

Address: _____

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

Email Address: _____

Signature: _____ Date: _____

Provide the legal description of the property affected

Tax Identification Number: _____

Current Zoning: _____ Requested Zoning: _____

Current owner of property if different than applicant

Name: _____

Address: _____

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

Email Address: _____

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.***

Office Use Only:

G.L. 101-000-000-494-000

Date Filed: _____ Amount Paid: \$_____ Hearing Date: _____

249 NORTH MILLER ROAD, SAGINAW, MICHIGAN 48609 (989) 781-0150