



TEXT AMENDMENT APPLICATION  
THOMAS TOWNSHIP PLANNING COMMISSION

**Preliminary Fee is \$350.00 – Special Meeting is \$500.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Section(s) of Ordinance to be amended:***

\_\_\_\_\_  
\_\_\_\_\_

***Proposed Amendment (General Description)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Attach to this application the following items:***

1. A narrative that explains the proposed amendment and why it is necessary.
2. An analysis of how the proposed amendment conforms to the principles found within the comprehensive plan.
3. A draft of the proposed text changes to the existing ordinance.

***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:***

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

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