

APPLICATION FOR PLANNED UNIT DEVELOPMENT

DELIVER TO:

COHOCTAH TOWNSHIP HALL
10518 ANTCLIFF RD

OR

MAIL TO:

COHOCTAH TOWNSHIP
6950 OWOSSO RD
FOWLerville, MI 48836

NAME _____ APPLICATION DATE _____
MAILING ADDRESS _____ APPLICATION NUMBER _____
TELEPHONE NUMBER _____ APPLICATION FEE _____

1. Legal description of the property _____

2. Zoning District _____
3. Minimum Parcel Size as required by
Sec. 14.02. _____
4. Proposed Special Uses under 14.02C _____

5. Proposed principal uses for the project _____

6. Does applicant desire a pre-application
as provided by Sec. 14.04? _____
7. Will the project be developed in phases? _____
8. Name and address of the firm preparing
the site plan. _____

9. Applicant acknowledges receipt of Article
XIV of the Zoning Ordinance _____

XX of the Zoning Ordinance _____

11. Does the applicant anticipate the need for variances? _____

I/we hereby declare that all the above statements and information contained in this application and any attachments submitted herewith are true and accurate and I shall immediately inform Cohoctah Township in the event there is a change in any such information.

signature of applicant

signature of owner, if different from applicant

TOWNSHIP USE ONLY

Date completed application received _____, by

Cohoctah Township Clerk

Date submitted to Planning Commission _____

Action taken: _____

Chairman signature _____ date _____

Secretary signature _____ date _____