

REQUEST FOR PRE-APPLICATION CONFERENCE
Metamora Township

(810) 678-2237
730 West Dryden Road, Metamora, MI 48455

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

ADDRESS / LOCATION OF SITE WHICH IS SUBJECT OF REQUESTED PRE-APPLICATION CONFERENCE

DETAILED EXPLANATION OF PROPOSED ACTIVITY: _____

EXISTING ZONING OF SITE _____ EXISTING USE _____

SITE SKETCH ATTACHED? Yes No *(Not required but very useful to allow planner to prepare for meeting.)*

ESTIMATED START / COMPLETION DATE OF PROPOSED PROJECT _____

Signature of Applicant

Date

*****SUBMIT 2 COPIES OF THIS APPLICATION AND ALL ATTACHMENTS*****

Office Use Only

Date Received _____

By: _____

Fee Paid: _____

Planner Notified (Date) _____

By: _____