



CHARTER TOWNSHIP OF COMSTOCK PLANNING & ZONING APPLICATION

Shipping: 5858 King Highway, Kal., MI 49048
Mailing: PO Box 449, Comstock MI 49041-0449
Phone: 269-381-2360 Fax: 269-381-4328

PLEASE PRINT

PROJECT NAME AND ADDRESS: _____

APPLICANT:

Name _____
Company _____
Address _____
Email _____
Phone _____ Fax _____
Interest in the Property _____

Township Use:
Fee:
\$ _____
Escrow:
\$ _____
Date Paid:

cash/credit card
check # _____

OWNER*:

Name _____
Company _____
Address _____
Email _____
Phone _____ Fax _____

*If different

NATURE OF REQUEST: (Please check all the appropriate item(s))

- | | |
|---------------------------------|-----------------------|
| Site Plan Review | Rezoning |
| Administrative Site Plan Review | Master Plan Amendment |
| Special Exception Use | Text Amendment |
| Site Condominium | Variance |
| Subdivision Plat Review | Interpretation |
| PUD/PURD/PMUD | Planning Escrow |
| Other _____ | |

BRIEFLY DESCRIBE YOUR REQUEST (*Use Attachments if Necessary*):

LEGAL DESCRIPTION OF PROPERTY *(Use Attachments if Necessary):*

PARCEL NUMBER: 3907 - _____

ADDRESS OF PROPERTY: _____

PRESENT USE OF THE PROPERTY: _____

PRESENT ZONING: _____ **SIZE OF PROPERTY:** _____

NAME(S) & ADDRESS(ES) OF ALL OTHER PERSONS, CORPORATIONS, OR FIRMS HAVING A LEGAL OR EQUITABLE INTEREST IN THE PROPERTY:

Name(s)

Address(es)

_____	_____
_____	_____

SIGNATURES

I (we) the undersigned certify that the information contained on this application form and the required documents attached hereto are to the best of my (our) knowledge true and accurate. By submitting this Planning & Zoning Application, I (we) grant permission for Comstock Township officials and agents to enter the subject property of the applicant as part of completing the reviews necessary to process the application. I (we) as Applicant(s), understand that I (we) am responsible for the reimbursement to the Township of its actual expenses in connection with my (our) application, under the Township's Escrow Fee Policy, and I (we) agree to pay such amounts under the terms of that policy.

Applicant's Signature

Date

Owner's Signature authorizing submission of Application
(If different from Applicant)*

Date

**** PLEASE ATTACH ALL REQUIRED DOCUMENTS ****

Copies to:
Planning & Zoning - 1
Applicant - 1
Treasurer - 1
Assessor - 1
Administrative Assistant - Original

Revised: September 2024