



**City of Walker
Planning Commission
Application**

4243 Remembrance Rd., N.W.
Walker, MI 49534

**Frank Wash, AICP, PCP
Planning Director**
Phone: (616) 791-6850
Fax: (616) 791-6881

Please check nature of request

- | | |
|--|---|
| <input type="checkbox"/> Rezoning
<input type="checkbox"/> Planned Unit Development Preliminary Area Site Plan
<input type="checkbox"/> Planned Unit Development Final Area Site Plan
<input type="checkbox"/> Planned Unit Development Amendment | <input type="checkbox"/> Special Exception
<input type="checkbox"/> Site Condominium
<input type="checkbox"/> Plat Approval
<input type="checkbox"/> Site Plan Review
<input type="checkbox"/> Other: _____ |
|--|---|

Section A

Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Owner, if other than applicant:

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail : _____

Section B

Name of Firm and individual who prepared the plan:

Name: _____ Firm: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of proposed development: _____

Address of Property: _____

Permanent Parcel No.: _____

Legal Description: _____

Current Zoning: _____

Section C

Description of the proposed request, amendment, etc. (Attach additional sheets if necessary.)

Section D

Name & Address of all other persons, firms, or corporations having legal or equitable interest in the land:

Name: _____

Address: _____

Name: _____

Address: _____

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.

I (we) further grant access to the site to City of Walker staff and Planning Commissioners.

STATEMENT OF FEE RESPONSIBILITY AND AGREEMENT

SIGNATURE OF APPLICANT AND PROPERTY OWNER REQUIRED

The applicant and property owner agree to pay the escrow charges that result from review of this project. Escrow fees shall be deposited at the time of application.

A building permit may be withheld if a project has any outstanding bills.

I have completed this application, and have submitted with this application the appropriate fees and escrow monies and agree to the City of Walker Escrow Policy. I further grant access to the site to City of Walker staff and Planning Commissioners.

*Owners Signature & Date (if different from applicant)

Applicant's Signature

Date

*The property **owner** must sign this application

Please attach all required documents noted in the process review sheet.

Office Use Only

Fee Paid _____ Receipt # _____ Date: _____

Planning Director Signature: _____