



**BUENA VISTA CHARTER TOWNSHIP
ZONING APPLICATION
1160 S. Outer Dr.
Saginaw, MI
(989) 754-6536**

APPLICATION NUMBER _____

Applicant Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Nature of Applicant's interest in property _____

Owners Name (if not Applicant) _____

Address _____ Phone _____

City _____ State _____ Zip _____

Address of property _____

Legal description _____

Use of property: Present _____

Proposed _____

OTHER PARTIES HAVING A LEGAL INTEREST IN THIS PROPERTY

A). _____

B). _____

Attach a site plan, or sketch a plan on the back of this form along with a brief description of the nature of the request.

I hereby certify that I am familiar with the requirement of the Buena Vista Charter Township Zoning Ordinance regarding the proposed use of this property, and by filing this application, I agree to abide by said requirements should said application be approved.

Applicant Signature _____ Date _____

I hereby certify that I/we are sole owner(s) of the above described property and agree to the application so presented.

Owner's Signature _____ Date _____

I understand that approval of this application will require the following action(s) and hereby request same.

Rezoning _____ Site Plan Review _____ Special Use Permit _____
Interpretation _____ Variance _____ Administration Review _____

Applicant Signature _____ Date _____

--REVIEW ZONING PERMIT APPLICATION CHECKLIST WITH APPLICANT--

SECTION II: (To be completed by zoning Administrator)

PETITION RECEIVED: _____ 20 _____ FEE PAID _____

SCHEDULED FOR HEARING: _____ 20 _____

RECOMMENDED ACTION: _____

COMMENTS: _____

SECTION III: (To be completed by Planning Commission)

HEARING DATE: _____, 20 _____ NUMBER PRESENT: _____

RECOMMENDED ACTION: _____

COMMENTS: _____

SECTION IV: County Planning Action (Please attach copy of Minutes)

HEARING DATE: _____, 20 _____

RECOMMENDED ACTION: _____

SECTION V (To be completed by Township Clerk, please attach copy of Minutes)

MEETING DATE: _____, 20 _____

RECOMMENDED ACTION: _____

CERTIFICATION: _____

TOWNSHIP CLERK

FEE SCHEDULE

Application Filing Fee:.....	\$ 10.00
Special Use Permit Fee:	
Initial Fee.....	\$1,000.00
Regular Meeting	
Special Meeting	
Site Plan Review Fee:	
Regular Meeting:.....	\$ 50.00
Special Meeting:.....	\$100.00
Rezoning/Amendments:	
Initial Fee.....	\$1,400.00
Regular Meeting	
Special Meeting	
ANY ZONING BOARD OF APPEALS ACTION	
Initial Fee.....	\$650.00