



4980 Shattuck Road, Saginaw, MI 48603 (989) 791-9865
Fax: (989) 791-9859

APPLICATION FOR CONDOMINIUM REVIEW (FEE \$300.00)

Applicant: _____ **Date:** _____

Address: _____

Telephone: _____ **Fax:** _____

Applicant's Signature: _____

Owner: (If Different Than Applicant): _____

Address: _____

Telephone: _____ **Fax:** _____

Owner's Signature: _____

Engineer: _____

Address: _____

Telephone: _____ **Fax:** _____

Surveyor: _____

Address: _____

Telephone: _____ **Fax:** _____

Architect: _____

Address: _____

Telephone: _____ **Fax:** _____

Property Address: _____

(Over)

Tax Identification #: _____

Legal Description (Provide The Legal Description Of The Property Affected - If Additional Space Is Needed, Please Attached On A Separate Sheet To This Application):

Proposed Use: _____

Type Of Dwelling Units _____

Total Number of Units _____

Estimated Population _____

Estimated Traffic _____

This application must be filled out completely and returned to the Community Development Department no less than thirty (30) days prior to a scheduled Planning Commission hearing.

Attach a copy of the Master Deed and all restrictive covenants, along with four (4) site plans and one (1) reduced site plan (8 ½" x 11").

Office Use Only:

Date Filed: _____ Amount Paid: _____

Case Number: _____ Hearing Date: _____

Current Zoning: _____