



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: \_\_\_\_\_