

Township of Manchester • P. O. Box ⁶⁶⁸ 275 S. Macomb St. • Manchester, MI 48158-0418
Phone: (734) 428-7090

Manchester Township Permit Applications

Application for

Rezoning _____ Conditional Use _____ Sign _____ Site Plan Review _____
Zoning Board of Appeals _____ Variance _____ Planned Unit Development _____

Application must be complete with supplemental information as required by attached ordinance sections, and shall be submitted to the Township Clerk for payment of fee and review by the Zoning Inspector.

1. Owner-of-Record of Property _____

Address _____

City/State/Zip _____ Phone () _____

2. Name of Applicant _____

Address _____

City/State/Zip _____ Phone () _____

3. Property Identification: Legal Description (Attached) _____

A. Tax ID Number _____

B. Location/Address _____

C. Site Plan (Attached) _____

4. I do hereby grant permission for members of the Manchester Township Planning Commission, Zoning Inspector, Zoning Board of Appeals, and/or Township Board to enter the above property for the purposes of gathering information relative to this application.

Signature of Applicant _____ Date _____

Signature of Owner-of-Record _____ Date _____

Approval of Zoning Inspector _____ Date _____

Fee(s) Paid _____ Date _____

All information must be submitted ten(10) days prior to any regular scheduled meeting to be placed on the Agenda for consideration.