



**CITY OF TRAVERSE CITY**  
**APPLICATION FOR**  
**S.L.U.P. MAJOR AMENDMENT**

Date of Application: \_\_\_\_\_ S.L.U.P. # \_\_\_\_\_ Fee: \$425 Receipt #: \_\_\_\_\_

Owner's Name (s): \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Description of Request:

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

---

---

---

---

Approval: \_\_\_\_\_  
Planning/Zoning

Date: \_\_\_\_\_