



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

Date of Application: \_\_\_\_\_ S.L.U.P. # \_\_\_\_\_

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

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

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

Site Address: \_\_\_\_\_ Tax ID# \_\_\_\_\_

Description of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.*