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

Date of Application: _____ FEE: $85.00
S.L.U.P.#_____

Owner's Name (s): _____

Applicant's name: _____

Address: _____

Site Address: _____ Tax ID# _____

Description of Request:

_____
_____
_____
_____
_____
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_____ _____

Signature of Applicant Date

Comments:

_____
_____
_____
_____
___

Approval: _____ Date: _____
Planning/Zoning