



**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:

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

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

\_\_\_\_\_  
Date

Comments:

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

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

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