



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

Date of Application: \_\_\_\_\_ S.L.U.P. # \_\_\_\_\_ Fee: \$375 Receipt #: \_\_\_\_\_

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

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

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

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

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

Description of Request:

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

\_\_\_\_\_  
Date

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

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

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