



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

Date of Application: _____ S.L.U.P. # _____ Fee: \$85 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: _____