



CITY OF TRAVERSE CITY
APPLICATION FOR
S.L.U.P. TERMINATION REQUEST

Date of Application: _____ S.L.U.P. # _____ Fee: \$1,080 Receipt #: _____

Owner's Name (s): _____

Applicant's name: _____

Address: _____ Email: _____

Site Address: _____

Tax ID# _____

Description of Termination Request:

Signature of Applicant

Date

Comments: _____

Approval: _____

Planning/Zoning

Date: _____