CITY OF TRAVERSE CITY
APPLICATION FOR
P.U.D. MINOR AMENDMENT

Date of Application: _____ PUD #_____ FEE: $85

Owner's Name (s): _____

Applicant's name: _____

Address: _____

Site Address: _____ Tax ID# _____

Description of Request:

_____

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_____ _____

Signature of Applicant Date

Comments:

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Approval: _____ Date: _____
Planning/Zoning

April 2005