CITY OF TRAVERSE CITY
APPLICATION FOR
TEXT AMENDMENT REQUEST

Date of Application: _____ Fee: $670 Receipt #: _____

Applicant's name: _____

Email:_____Phone:_____

ORDINANCE SECTION(S): _____

_____

Description of Ordinance Text Amendment Request:

_____

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_____ _____

Signature of Applicant Date

Comments:_____

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Approval: _____ Date: _____

Planning/Zoning