CITY OF TRAVERSE CITY
APPLICATION FOR
SITE PLAN REVIEW MAJOR AMENDMENT

Date of Application: _____ S.P.R. # _____ Fee: $200 Receipt #: _____

Owner's Name (s): _____

Applicant's name: _____

Address: _____ Email: _____

Site Address: _____

Tax ID# _____

Description of Request:

_____
_____
_____
_____
_____
_____

_____ _____
Signature of Applicant Date

Comments:_____
_____
_____
_____
_____

Approval: _____ Date: _____
Planning/Zoning