

**APPLICATION
PLANNING COMMISSION
City of Hastings
201 E. State Street
Hastings, MI 49058
616-945-2468**

Date: _____

1. Applicant Name: _____
 _____(LAST) _____(FIRST)

(INITIAL)

Address: _____
 (STREET) _____(CITY) _____(STATE)(ZIP)

Telephone: _____
 (BUSINESS) _____(HOME, BEEPER, ETC.)

Applicant's interest in property: _____

2. Owner Name (IF DIFFERENT FROM ABOVE): _____

3. Request:

- ☐☐☐ Rezoning ☐☐☐ Special Use Permit ☐☐☐ Plat or Condo
- ☐☐☐ Site Plan Review ☐☐☐ PUD ☐☐☐ PUD Phase approval
- ☐☐☐ Other: _____

4. Address of Property: _____

5. Legal Description: _____

6. Current Zoning: _____ Proposed Zoning: _____

7. Applicable Fees: _____

8. Applicant's Signature: _____

9. Staff Signature: _____

- OFFICE USE ONLY -	
Application #: _____	Date(s) Advertised: _____
Filing Date: _____	Date of Meeting: _____
Fees Paid: _____	Board Action: _____
To Clerk's Office on: _____	Effective Date: _____

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