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Case # _____

LAND USE CHANGE APPLICATION PLANNING COMMISSION

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Parcel Number: _____ Legal Description: _____

Present Zoning: _____

Land Use Change Request: _____

I hereby certify that the above information is true to the best of my knowledge and belief. I also grant permission to the members of the Planning Commission and any other Township official or representative to enter and inspect the property for purposes related to this application.

Signature of Applicant

IMPORTANT FILING INSTRUCTIONS

Applications and fee must be received 28 days (see attached deadline and meeting schedule) preceding a regularly scheduled meeting of the Planning Commission for publication. *The original signed application and supportive documents, assembled in packets, are required.*

OFFICE USE ONLY

Date Received: _____ By: _____ Amount Paid: \$ _____