

BEAVER CREEK TOWNSHIP

Application for: (check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Special Land Use | <input type="checkbox"/> Land Division |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Variance (Board of Appeals) | <input type="checkbox"/> Other |

Application Information

Name _____
Phone _____ FAX _____ E-mail _____
Address _____

Owner Information (If different from applicant)

Name _____
Phone _____
Address _____

Property Information

Address/Location _____
Parcel # _____
Zoning (Current) _____ Property Size _____

Description of Proposed Use/Request (use other side or attach pages as needed)

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of applicant _____ Date _____

Optional: I hereby grant permission for members of the Beaver Creek Township (Planning Commission) (Zoning Board of Appeals) (Township Board) (or Zoning Administrator) to enter the above-described property for the purposes of gathering information related to this application. Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.

Signature of applicant _____ Date _____

Office Use Only		
Date Received: _____	Fee Paid: _____	
Materials Received: _____	Site Plans: _____	Legal Description
Application accepted by: _____		