

**HOWELL TOWNSHIP**  
**Request for Amendment to Approved Site Plan**

3525 Byron Road Howell, MI 48855  
Phone: 517-546-2817 ext. 108  
Email: inspector@howelltownshipmi.org

Fee: \$350.00, submitted with application

Parcel ID #: 4706-____-____-____	Date_____
Location of Property_____	
Applicant Name_____ Applicant Address_____	
Phone_____ Fax_____ Email_____	
Type/Nature of Business_____	
Property Owner Name/Title_____	
Phone_____ Fax_____ Email_____	

Briefly state a description of the amendment requested and minimums required. Attach drawings or other pertinent information for review.

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_

Owner Signature\_\_\_\_\_

Date\_\_\_\_\_