

**HOWELL TOWNSHIP**  
**3525 BYRON ROAD, HOWELL, MI 48855**  
**Phone: 517-546-2817 ext. 108**  
**E-mail: inspector@howelltownshipmi.org**  
**REQUEST FOR AMENDMENT TO APPROVED SITE**  
**PLAN REVIEW**

**SUBMIT \$350.00 FEE WITH APPLICATION:**  
**A REPRESENTATIVE OF HOWELL TOWNSHIP WILL REVIEW THE SUBMITTED**  
**APPLICATION**

FEE: \_\_\_\_\_ PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

PARCEL ID# 4706 \_\_\_\_ - \_\_\_\_ - \_\_\_\_ PRESENTLY ZONED: \_\_\_\_\_

NAME/TITLE OF APPLICANT: \_\_\_\_\_

PROPERTY OWNER OR BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_ - \_\_\_\_ FAX: ( ) \_\_\_\_ - \_\_\_\_

TYPE OR NATURE OF BUSINESS: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_ - \_\_\_\_ FAX: ( ) \_\_\_\_ - \_\_\_\_

LOCATION OF PROPERTY INVOLVED: \_\_\_\_\_

STATE BRIEFLY A DESCRIPTION OF THE AMENDMENT AND MINIMUMS  
REQUIRED. ATTACH DRAWINGS OR OTHER PERTINENT INFORMATION YOU  
WANT REVIEWED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TOWNSHIP NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_