



PETITION APPLICATION

City of Ann Arbor Planning Services City Hall: 301 E Huron Street Ann Arbor, MI 48107-8647
Phone: 734-794-6265 Fax: 734-794-8460 Email: planning@a2gov.org

PROJECT INFORMATION

PROJECT NAME:

PROJECT TYPE: (SELECT ALL THAT APPLY)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Site Plan for City Council Approval | <input type="checkbox"/> Planned Project Modification | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Site Plan for Planning Commission Approval | <input type="checkbox"/> Special Exception Use | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Site Plan for Administrative Amendment | <input type="checkbox"/> Land Division | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planned Unit Development Site Plan | <input type="checkbox"/> Land Transfer | |

PROJECT ADDRESS:

CITY:

State:

ZIP:

PARCEL ZONING:

PARCEL SIZE:

NUMBER OF PROPOSED RESIDENTIAL UNITS:

SQUARE FOOTAGE OF PROPOSED CONSTRUCTION:

DESCRIPTION OF PROPOSED PROJECT:

PROJECT PRE-SUBMISSION MEETING DATE:

PRE-SUBMISSION MEETING PLANNER NAME:

PROPERTY OWNER INFORMATION

PROPERTY OWNER

PHONE:

EMAIL:

ADDRESS:

PETITIONER INFORMATION

NAME:

PHONE:

EMAIL:

ADDRESS:

INTEREST IN PROPERTY:

PETITIONER'S AGENT INFORMATION

NAME:

CONTACT PERSON:

PHONE:

EMAIL:

ADDRESS:



FEE AND PAYMENT INFORMATION

REC#: _____

City of Ann Arbor Planning Services City Hall: 301 E Huron Street Ann Arbor, MI 48107-8647
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Payment Calculation

Project Address: _____

Project Type: _____

	Description of Fee	Amount of Fee
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____ x _____	_____
5.	_____ x _____	_____

Total Fee = _____

Date: _____

Staff Initial _____

Payment Information

Billing Address: _____ Date: _____

Name: _____

Address: _____

City, State, Zip _____

Amount Authorized: _____ Signature: _____

Check Number: _____ Last Four Digits of CC Number: _____ Cash: _____

Payment Received by Phone

Date: _____

Staff Initial: _____

Credit Card Information (this portion is removed and shredded after payment is processed)

Credit Card Number: _____ - _____ - _____

Expiration Date: _____

CCV Number: _____