TYRONE TOWNSHIP
PLANNING COMMISSION REVIEW APPLICATION

Property Address / Location	Parcel ID/Zoning District 4704-
Property Owner(s)	Telephone
Street Address	Cell Phone
City State and Zip ode	FAX or E-Mail
Authorized Agent	Telephone
Street Address	Cell Phone
City State and Zip Code	

Type of Review:

____Boundary Realignment
____Concept Review
____Conditional Zoning
____Home Occupation
____Land Division
____Open Space Preservation
____Other
____Open Space Relocation
____Private Road/Shared Drive
____Planned Unit Development
____Public Hearing
____Rezoning
____Site Condominium
____Site Plan Review
____Site Visit
____Special Land Use
____Special Meeting
____Subcommittee Meeting
____Subdivision Plat

Project Description:

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Planning Commission applications should be filed with the Planning Commission Recording Secretary at least 14 days (21 days for land divisions/realignments) prior to review. Applications will not be scheduled for review until all information has been received. This Signature constitutes the applicant's acknowledgement of the application requirements and permission for site inspection by Tyrone Township representatives.

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Signature of Owner(s) or Authorized Agent

Date	Tax Status	Fees:101-000000-607-006	Escrow: 701-000000-283- ___
Received By:			