



City of Boyne City

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**DEVELOPMENT PLAN REVIEW
APPLICATION**

➡ **Applicant Name:** _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s): _____ E-mail: _____

➡ **Property Owner's Name:** _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s): _____

➡ **Project Location:** Street Address: _____

Property ID Number: 15-051-

I / We request: _____

*As an illustration of this request, I/we have attached a site plan(s) of the premise drawn to scale showing the location of **all** existing and proposed structures, improvements, and uses on the property as well as any information required by ordinance.*

I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Boyne City Zoning Ordinance as well as all procedures and policies of the City of Boyne City Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge; and that a filing fee is due with this application.

_____	_____	_____
Applicant (Printed Name)	Signature	Date
_____	_____	_____
Property Owner (Printed Name)	Signature	Date

Application and filing fee received _____

Receipt Number _____

Received by _____

Review Required: Administrative Review Sketch Plan Review Full Plan Review