



# 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](mailto: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#: \_\_\_\_\_

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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: \_\_\_\_\_