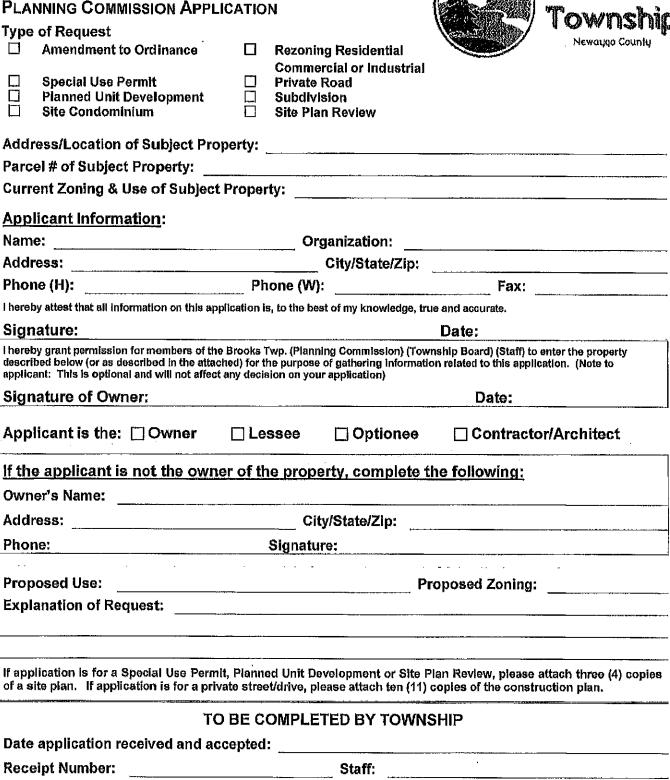
BROOKS TOWNSHIP PLANNING COMMISSION APPLICATION

Meeting Date (if applicable):

Freedom of Information Act Request is filed.



Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a

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W∉lcome To

Project Surveyor Contact Information (if applicable) Organization; City/State/Zip: Address: _____ Fax: _____ Phone: Project Engineer Contact Information (if applicable) Name: Address: ____ City/State/Zip: Fax: Phone: **Project Attorney Contact Information (if applicable)** Organization: Name: City/State/Zip: Address: Phone: Real Estate Firm Handing Sale of Property (if applicable): Organization: Address: City/State/Zip: Phone: Fax: Note: If you do not own the subject property, you must either have the owner sign the application (first page, where indicated) or you must provide a copy of a Purchase Agreement or instrument acceptable to the Township indicating that the owner is fully aware of, and in agreement with, the requested action. Please note that other agency approvals may be required for your project. They include, but are not necessarily limited to, approvals of the:

- Newaygo County Health Department
- Newaygo County Drain Commission
- Newaygo County Road Commission
 Michigan Department of Transportation
 - Michigan Department of Natural Resources
 - Michigan Department of Environmental Quality
 - Newaygo County Soil Erosion & Sedimentation Control Office

To ensure the expeditious handling of your project, it is recommended that agency contacts be made prior to, or concurrent with, submission of the Zoning Application. In certain instances, the Township may delay or condition zoning approval pending the outcome of other agency approvals.

Networkneighborhood/rentalcomputer/equalw/sharedzoningdocuments/forms/PCapplicationform.doc