

TOWN OF BRONSON  
**APPLICATION FOR LAND USE ACTION**  
 BY LOCAL PLANNING AGENCY / TOWN COUNCIL  
 See attached Instructions

<b>APPLICANT / AGENT</b>		PHONE:
Name:		
Address:		
APPLICANT IS <input type="checkbox"/> IS NOT <input type="checkbox"/> THE OWNER OF RECORD (Attached Affidavit must be completed and executed if not)		
<b>PROPERTY OWNER(S)</b>		PHONE:
Name:		
Address:		
Name:		
Address:		
<b>PROPERTY DESCRIPTION</b>		
Section-Township-Range		Total or Fraction of Acres:
Tax Parcel Number(s) (or attach legal description):		
Location:		
<b>TYPE OF LAND USE ACTION REQUESTED (Also see Attached Instruction Form)</b>		
<input type="checkbox"/> Change of Land Use Designation <input type="checkbox"/> Change of Zoning <input type="checkbox"/> Variance <input type="checkbox"/> Tree Removal <input type="checkbox"/> Conditional Use or Special Action <input type="checkbox"/> Minor Replat <input type="checkbox"/> Subdivision <input type="checkbox"/> Other (Specify) _____		
<b>CERTIFICATION</b>		
I, the undersigned applicant, or applicant's agent hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I hereby grant the appropriate Town personnel permission to enter the subject property during reasonable hours so that they may investigate and review this land use request. I further agree to pay or have paid those fees required by Resolution 02-05 of the Town Council before any action is taken or finalized.		
Signature (Owner or Agent) _____		Date _____

***DO NOT WRITE BELOW – TOWN USE ONLY***

Application Date Received: _____ Date found complete _____	Fee(s) \$ _____ +\$ _____ +\$ _____ Date(s) Received: _____	Application Number: _____ Date of Hearing _____
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