



City of St. Clair Shores

# Application to Appear before Council

*This form must be submitted to City Clerk's office  
at least thirteen (13) days before the 1<sup>st</sup> or 3<sup>rd</sup> Monday of the month.*

27600 Jefferson Avenue  
St. Clair Shores, MI 48081  
Phone: (586) 447-3303  
Fax: (586) 445-0469

Requested by: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Mailing Address) (email address)

\_\_\_\_\_  
(City, State, Zip) (Phone)

Parcel Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Request for Approval / Variance: (check all that apply)

- |                                |                          |                   |
|--------------------------------|--------------------------|-------------------|
| Charitable Foundation Requests | <input type="checkbox"/> | <u>Name</u> _____ |
| Site Plan                      | <input type="checkbox"/> | <u>PC #</u> _____ |
| Special Land Use               | <input type="checkbox"/> | <u>PC #</u> _____ |
| Rezoning                       | <input type="checkbox"/> | <u>PC #</u> _____ |
| Change Business Hours          | <input type="checkbox"/> |                   |
| Sign Arbitration Appeal        | <input type="checkbox"/> |                   |

Reason for variance request \_\_\_\_\_

Please note the following special condition FOR PLANNING CASES ONLY:

- ✓ Letters from adjacent neighbors must be submitted to City Planner by the Tuesday before the scheduled Council meeting.

*I hereby certify that the information provided on this application and on any additional submitted information is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature of Property Owner(s) Date

**FOR OFFICE USE ONLY:**

City Planner/Clerk Notes: \_\_\_\_\_

\_\_\_\_\_

Date of Council Meeting: \_\_\_\_\_ Planning Case Number: \_\_\_\_\_

CDI \_\_\_\_\_ Clerk's Office \_\_\_\_\_

Received by Date Received by Date