Virg Bernero
Mayor

ACT 33 REVIEW APPLICATION

CITY OF LANSING
PLANNING OFFICE

Reset Form

Print Form

FILE NUMBER: ACT-_____

DATE SUBMITTED:_____

Applicant: _____

Address *(including zip code)*: _____

Phone number: _____

Fax number: _____ Email: _____

Interest in Property:

☐ Owner ☐ Represent owner ☐ Option to buy

☐ Other: _____

If applicant of not the owner, or if there is more than one owner, provide the following information *(attach additional sheets if necessary)*:

Name of owner(s): _____

Address *(including zip code)*: _____

Phone number(s): _____

Fax number: _____ Email: _____

SUBJECT PROPERTY GENERAL INFORMATION:

Address *(if any)*: _____

Location description: _____

Permanent parcel #: _____

Legal description *(see note below)*:

Applicant's proposal:

REQUESTED ACTION (please check one):

☐ Public Acquisition ☐ Public sale ☐ Private use ☐ Vacation

☐ Closure ☐ Significant change of use ☐ Other: _____

What positive impacts (if any) will occur as a result of approving this proposal?

What negative impacts (if any) will occur if this proposal is not approved?

What negative impacts (if any) will occur as a result of approving and implementing your proposal?

Please fill out this application **COMPLETELY** and make sure that the following items are included:

Maps describing proposal. Maps should be readable and drawn to a specific scale.

Any other materials, brochures, pictures, etc. which will further explain the proposal.

NOTE:

If the action applied for will result in transfer of legal title from the City to the applicant or another or if the City otherwise requires, the applicant agrees to provide at the applicant's expense:

- A certified legal description
- Title insurance
- An appraisal
- An environmental report for the property

or to pay for same at closing, whichever the City determines.

FEES:

Involving land sales over $50,000	$100.00
Involving land sales under $50,000	$50.00

Signature of applicant:

_____ / _____
Date

Signature of owner(s):

_____ / _____
Date

_____ / _____
Date

_____ / _____
Date

SUBMIT THE FULLY COMPLETED APPLICATION TO THE ADDRESS BELOW.

For assistance, please contact:

PLANNING OFFICE
316 N. CAPITOL AVE., SUITE D-1
LANSING, MI 48933-1236
(517) 483-4066
FAX: (517) 483-6036