

# TOWNSHIP OF SALINE

COUNTY OF WASHTENAW

SALINE, MICHIGAN 48176

*JAMES MARION \* SUPERVISOR  
KELLY L. MARION \* CLERK  
RENEE L. LUCKHARDT \* TREASURER*

*TOM P. HAMMOND \* TRUSTEE  
DEAN R. MARION \* TRUSTEE*

Dear Applicant

Enclosed is the Application for Re-Zoning that you requested.

The Application fee is \$1,700 and eight (8) copies of the completed application and site drawings should be returned to me at the address below. Make check payable to the Saline Township Treasurer. The application must be received 21 days prior to schedule meetings of the Saline Township Planning Commission. The scheduled meetings are held at 7:30 p.m. on the **First** Tuesday of every other month. Applications not received 21 days prior will be addressed the following meeting.

If you have questions about the information required, contact Tom Hammond at (734) 323-2110, who is the Saline Township Zoning Administrator.

Sincerely,

Saline Township Board  
Kelly Marion, Clerk  
4254 Arkona Road  
Saline, MI 48176  
(734)429-9968