NOTIFICATION OF FINAL ACTION

Zoning Referral # _____

Please fill out the following and return this form to the Livingston County Planning Department. Thank you.

On _____ the _____ of the
(date) (name of municipal board)

_____ reviewed the following proposal which was
(name of municipality

referred to the County Planning Board:

_____

_____

_____

Applicant: _____

The Board took the following action on the proposal *(please check one)*:

- ☐ Approved or adopted without modification
- ☐ Approved or adopted with modification
- ☐ Disapproved
- ☐ No action

Name: _____

Title: _____