Tychy, dnia ...............................................

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| **WNIOSEK O SPORZĄDZENIE/ ZMIANĘ MIEJSCOWEGO PLANU****ZAGOSPODAROWANIA PRZESTRZENNEGO/ STUDIUM UWARUNKOWAŃ I KIERUNKÓW ZAGOSPODAROWANIA PRZESTRZENNEGO****DO PREZYDENTA MIASTA TYCHY** |
| nr rejestru organu właściwego |

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*(Imię wnioskodawcy / nazwa firmy, instytucji itp.)* ***\****

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*(Nazwisko wnioskodawcy / nazwa firmy, instytucji itp.)* ***\****

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*(Ulica)* ***\****

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*(Miejscowość)* ***\****

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*(Telefon)*

Zwracam się z prośbą o zmianę**\*\*** / sporządzenie**\*\*** miejscowego planu zagospodarowania przestrzennego\*\* / studium uwarunkowań i kierunków zagospodarowania przestrzennego\*\* dla terenu obejmującego działki oznaczone numerami geodezyjnymi ................................................................................

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  *(np. mieszkaniową jednorodzinną z dopuszczeniem usług podstawowych itp.)*

*Uzasadnienie*

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  *(podpis wnioskodawcy)*

**\***  *wypełnić drukowanymi literami*

**\*\*** *niepotrzebne skreślić*