

ZONING AMENDMENT APPLICATION

Application Fee Paid: _____
Date Received: _____
Receipt # _____

ZONING AMENDMENT APPLICATION

All documents must be to the Zoning Administrator 1 week prior to the Township Board Meeting

Name of Applicant: _____ Home Phone # _____
Mailing Address: _____ Bus. Phone # _____

Ownership: Evidence of Ownership *

Address of Property: _____

Requested Zoning District: _____ Present Zoning district: _____

Property # _____ (Tax ID #) _____

Legal Description (attached): _____

Requested Action: _____

* The following must be submitted with this Application:

- A. Verifications of Legal Description (this will be checked by the Township Assessor’s Office)
- B. Scaled Site Plan including all existing and proposed buildings. *(If Applicable)*
- C. Copy of **ALL** Deeds, Land Contracts, Purchase Agreements and other instruments not recorded (deed holder will be notified of all hearings.)

ALL APPLICANTS are required to attend all Public Hearings and Meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply and file a new application.

I hereby certify that all information submitted on or with this Application is true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Signature of Deed Holder (IF not Applicant): _____ Date: _____

Mailing Address of Deed Holder: _____

Deed Holder Telephone # _____

ZONING AMENDMENT APPLICATION

Statement of Use:

Subscribed and sworn to before me: Name of Notary: _____

This _____ **day of** _____ **20**_____ **County of** _____

My Commission Expires on:_____

(Signature)

Signature of Zoning Administrator: _____ **Date:** _____