

APPLICATION FOR ZONING CHANGE
CHARTER TOWNSHIP OF UNION
ISABELLA COUNTY, MICHIGAN

APPLICATION NO. _____

DATE _____

A. I (WE) _____

Address _____
Phone _____

hereby file an application with the Township Clerk's office to:

1. ___ Add to or change the text of the Zoning Ordinance.
2. ___ Change the district boundaries.
3. ___ Re-zone the property from _____
zoning classification to _____
zoning classification.

B. If this application is for a text amendment please describe in detail what you would like to change. Give section numbers and proposed changes, standards, and procedures.

C. If this application is for the re-zoning of property please provide a complete legal description.

D. If this application is for re-zoning please provide a complete common description. (address, cross roads, etc.)

E. Please provide reasons for requesting text amendment or zoning change and include intended use of any land, buildings, or structures.

F. Please provide a site plan for any property to be re-zoned following the requirements outlined in Section 12 of the Union Township Zoning Ordinance 1991-5.

G. List names and addresses of property owners lying within 300 feet of the property to be re-zoned. (use separate sheet)

H. List all or any easements or right-of-ways which have been granted said properties herein described.

CERTIFICATION:

I (WE) hereby certify that the afore information is accurate and assume responsibility for any error.

SIGNED:

Applicant Date

Applicant Date

Applicant Date

** FOR OFFICE USE ONLY **

Date application referred to Planning Commission _____

Date public hearing notice published _____

Date public hearing notice mailed _____

Planning Commission Action. ___ Adopted ___ Denied Date _____

Date referred to County Planning Commission _____

Township Board Action ___ Adopted ___ Denied Date _____

Remarks: _____

FEE _____

RECEIPT NO. _____