

APPLICATION FOR REZONING
Metamora Township

(810) 678-2237
730 WEST DRYDEN ROAD, METAMORA, MI 48455

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

COMMON DESCRIPTION OF PROPERTY AND ADDRESS, IF ISSUED: _____

COMPLETE LEGAL DESCRIPTION (or on a separate sheet): _____

PRESENT ZONING _____ ZONING REQUESTED _____

PURPOSE FOR REQUEST TO REZONE _____

ESTIMATED COMPLETION DATE OF PROPOSED PROJECT _____

ARE YOU THE SOLE LEGAL OWNER OF PROPERTY? YES NO

Provide names, addresses and signatures for all persons with a legal or financial interest in the property. All persons having legal interest in the property must sign this application.

	<i>Name (Please Print)</i>	<i>Address</i>	<i>Interest</i>	<i>Signature</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I do hereby swear that all the statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of all owners of the property.

Signature of Applicant

Date

Provide ten (10) copies of this completed form and a sketch plan of the property, which shall include the following, to the township clerk:

- 1) *Size and shape of the property, drawn to scale.*
- 2) *Size and location of all proposed buildings.*
- 3) *Parking areas proposed and total number of spaces.*
- 4) *Proposed points of ingress and egress to site.*
- 5) *Expected number of (peak) employees.*
- 6) *Location and use of adjacent buildings.*

Office Use Only

Date Received _____ By: _____ Fee Paid: _____
 Planning Commission: First Introduction (Date) _____ Public Hearing (Date) _____
 Sent To County On: _____ By: _____ Comments Received On: _____
 Township Board Action Approved Denied (Date): _____

Case # RZ -- --