

GRASS LAKE CHARTER TOWNSHIP, JACKSON COUNTY, MICHIGAN
APPLICATION TO INITIATE A ZONING AMENDMENT

APPLICATION NO. _____

PLEASE PRINT OR TYPE (use back of application if more space is needed)

Application is hereby made to amend the Map of the Zoning Ordinance by re-zoning the property described below to another zoning classification. The proposed zoning change is:

From: _____ To: _____
Zoning District Zoning District

- 1.) Give a legal description of the property (lot, block, tract, and/or metes and bounds):

- 2.) The property is situated (give street address, indicating alleys, cross roads, etc.):

- 3.) Give reasons for requesting zoning change, including intended use of buildings, structures and land:

- 4.) Submit map, drawn to scale, in sufficient detail to adequately describe the proposed changes in the zoning district boundaries.

Applicant(s): _____

Address: _____ Telephone: _____

The applicant(s) is/are:
 the owner(s) of the property involved.
 acting on behalf of the owner(s) of the property involved.

I/We _____ do hereby swear that the above information is true and correct to the best of my/our knowledge.

Applicant(s): _____
Signature Signature

Optional: I/We hereby grant permission for members of the Grass Lake Charter Township Planning Commission and Zoning Administrator to enter the above described property for the purposes of gathering information related to this application. *This permission is optional and failure to grant such permission will not affect any decision on your application.*

SIGNATURE OF APPLICANT (S) DATE:

Fee Received: \$ _____ Township Clerk: _____ Date: _____

Date Application referred to Planning Commission _____ 20_____
Public Hearing Notice Published: 1st Date _____ 20_____
2nd Date _____ 20_____
Public Hearing Notices Mailed: Date _____ 20_____

Planning Commission Action: Recommends Adoption () Denial () _____
Chairman

Date Application referred to County Affairs Committee: _____ 20_____
Recommended: Approval () Disapproval ()

Township Board action: Adoption () Denial ()

Remarks: _____

Date: _____ Supervisor: _____
Signature

Clerk: _____
Signature

ONE (1) COPY EACH RETAINED BY THE CLERK, THE ZONING ADMINISTRATOR, THE PLANNING COMMISSION, THE TOWNSHIP BOARD AND THE APPLICANT.