

Application for Rezoning

(Fee: 1,000.00)

Rezoning

Conditional Rezoning (Please attach letter of intent and conditions to application)

Applicant: _____ Date: ____/____/____

Address: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Email: _____

Applicant's Signature: X _____

Owner (If different than applicant): _____

Address: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Email: _____

Owner's Signature: X _____

Property Address: _____

Tax Identification Number and Legal Description: (If additional space is needed attach a separate sheet to this application.) _____

Current Zoning: _____ Parcel ID Number: _____

Current Land Use: _____

Requested Zoning: _____

Reason for the Request: _____

Kochville Township, Michigan

I hereby grant Kochville Township personnel, involved with the review of this request, permission of reasonable entry onto the above property for investigation specifically related to this request.

Applicant: X _____ Date: ____/____/____

Owner: X _____ Date: ____/____/____

Office Use Only	
Date Filed: ____/____/____	Amount Paid: _____
Case Number: _____	
Zoning Administrator: Date: ____/____/____	Action: _____
Planning Consultant: Date: ____/____/____	Action: _____
Departmental Review: Date: ____/____/____	Action: _____
Planning Commission: Date: ____/____/____	Action: _____
Board of Trustees: Date: ____/____/____	Action: _____