

REZONING PETITION/APPLICATION

SPRING LAKE TOWNSHIP, OTTAWA COUNTY, MICHIGAN

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

APPLICANT'S REPRESENTATIVE (IF APPLICABLE)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

PROPERTY INFORMATION

Proposed Zoning: _____

Existing Zoning: _____

Master Plan Designation: _____

Address: _____

Permanent Parcel Number: 70-03- _____

Property Owner & Address: _____

If additional properties are involved, please attach a separate sheet to list applicant and property information.

OWNERSHIP

To request a rezoning, you must have ownership or an ownership interest in the property or properties involved. Please provide a copy of your deed, purchase agreement, lease or other appropriate legal documentation.

MAP

A fully dimensioned map must be attached to or provided with this application that shows the land which would be affected by the proposed amendment, the legal description of such land, the Zoning District of all abutting lands, and all public and private rights-of-way and easements bounding and intersecting the land to be rezoned.

PURPOSE OF APPLICATION FORM

It is the applicant's responsibility to obtain a copy of the Zoning Ordinance and to comply with all relevant provisions. It is not the intent of this form to in any way address all requirements and obligations for the applicant.

For Office Use Only	
Date Application Filed:	
Application Fee Amount: _____	Date Paid:
Escrow Deposit Amount: _____	Date Paid:
Date of Planning Commission Meeting:	
Public Hearing Date:	
Date of Township Board Meeting:	