



Spring Lake Township
101 S. Buchanan St. Spring Lake, MI 49456
Phone: (616) 842-1340
www.springlaketwp.org

REZONING PETITION/APPLICATION

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, 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: \$

Escrow Deposit Amount: \$

Date of Planning Commission Meeting:

Date of Township Board Meeting:

Date Paid:

Date Paid:

Public Hearing Date: