

# Application for Rezoning

RETURN TO: WEST TRAVERSE TOWNSHIP

8001 M-119 PO Box 528 Harbor Springs, MI 49740

PHONE: (231) 526-7361 FAX: (231) 526-0028 EMAIL: [zoning@westtraversetownship.com](mailto:zoning@westtraversetownship.com)

DATE RECEIVED

FOR OFFICE USE ONLY

CASE #

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FEE

DATE PAID

PLEASE MAKE CHECKS PAYABLE TO WEST TRAVERSE TOWNSHIP

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_ @ \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Email Address \_\_\_\_\_ @ \_\_\_\_\_

## PROPERTY LOCATION

Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Acres or Square Feet or Parcel/Parcel Dimensions: \_\_\_\_\_

## STATEMENT TO JUSTIFY THE PROPOSED REZONING:

## REQUIRED USE INFORMATION

Current use of the property: \_\_\_\_\_

## PLEASE ATTACH

- Copy of map showing property
- Legal description of property
- Any deed restrictions of property

Application for rezoning must be submitted at least 30 days prior to the public hearing date. After the public hearing and review of standards in Section 1002:6, the Planning Commission will make a recommendation and send to the Emmet County Planning Commission for comments. After County review, the Township Board will consider the rezoning.

## INSPECTIONS:

As owner and/or applicant representing the owner, **I do** **do not** authorize West Traverse Township (staff, appointed board, trustees or committee members) to enter upon the subject property for purposes of making inspections related to the project or request identified in this application. If authorized, such inspections or site walks shall be conducted at reasonable hours and times.

**I certify that all of the above information is accurate to my fullest knowledge:**

Signature of Applicant

Printed Name of Applicant

Date

(Required) Signature of Property Owner

Printed Name of Property Owner

Date