

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

DATE RECEIVED _____

CASE # _____

\$ _____
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