

# ZONING AMENDMENT APPLICATION (RE-ZONING)

Port Sheldon Township  
16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of applicant \_\_\_\_\_

Applicants interest in property \_\_\_\_\_

Name of property owner \_\_\_\_\_ Phone \_\_\_\_\_

Permanent parcel number of property in question \_\_\_\_\_

Address of property in question \_\_\_\_\_

Current zone district classification of property \_\_\_\_\_

Proposed zoning \_\_\_\_\_

Size of existing and/or proposed parcel \_\_\_\_\_

Describe the nature and effect of your request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there has been a previous request involving a zoning change on this parcel, please state the date of filing, the nature of the request and any action taken by the planning commission.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant/agent (circle one) and date

### FILING FEE \$1,200.00 (+)\*

\*(Plus) fees for required engineering, planning or legal fees incurred by the township to offset township expenses. Applicant billed for any additional expenses. The township Supervisor would have the option of requiring an escrow account if deemed necessary. The applicant can appeal to the township board the plus fees that could be changed or waived by majority vote.

**A site plan must accompany this application. A public hearing is required. It is important that the applicant or a representative be present at the meeting when this application is considered.**