



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460

Telephone 616-399-6121 Fax 616-399-7173

www.portsheldontwp.org | info@portsheldontwp.org

ZONING AMENDMENT APPLICATION (RE-ZONING)

Submit at least 28 days prior to desired meeting to:

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.

Signature of applicant/agent (circle one) and date

FILING FEE \$1,200.00 (+)*

*Requires escrow account for \$1500.00 to offset additional engineering, planning, or legal costs incurred by the township per application. If the amount held in escrow becomes less than 10% of required amount, then funds shall be added to at least the originally required amount. Unused funds shall be returned to the applicant.

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.