

**PORT SHELDON TOWNSHIP ZONING AMENDMENT APPLICATION**

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 \_\_\_\_\_

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

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Signature of applicant or agent

**A Site Plan and a Filing Fee of \$600.00 must accompany this Application (PLUS). A Public hearing is required. It is important that the applicant or a representative be present at the meeting when this application is considered.**