REZONING APPLICATION

			DATE
1.	Petitioner's Information		
	Name	Address	
			Phone #
	Email		
	*Petitioner must be able to submit additional proof of ownership documentation, ex: title copy, tax b		
2.	Property Owner (if different than Petit	ioner)	
			Phone #
	Email		
3.	Property Information		
	Property Address		
	Tax ID		
	Current Use		
	Current Zoning District		
	Proposed Zoning District		-
	Area of Lot (acres / square feet)		
	Dimensions of Lot		
4.	Summary of Rezoning Request		
	Briefly Describe Request:		

REZONING APPLICATION

RULES AND PROCEDURES

A sketch drawn to scale depicting the above information shall accompany this application. The sketch must also indicate the property boundary dimensions, all structures within fifty (50) feet of your property, and all other notable information such as easements, septic fields, surrounding zoning, etc. APPLICATIONS WITHOUT A SKETCH SHALL NOT BE ACCEPTED.

The applicant shall appear in their own behalf or by representation at the Planning Commission meeting. Failure to do so shall be sufficient cause for dismissal of the petition.

This application must be submitted (including attachments) in ten (10) duplicate copies with payment in full (see Township Fee Schedule for rezoning fees).

All supporting data must be attached to the application, including required plans. *Upon submittal, if all required items are not provided, the application will not be accepted.*

I hereby dispose and say that all the above statements contained in the papers submitted

Applicant's Signature

Do not write below this line, for use by the Township:

Hearing Date

Disposition or Action by Planning Commission and Board of Trustees: