

PENINSULA TOWNSHIP  
APPLICATION FOR ZONING CHANGE No. \_\_\_\_\_

Application Fee \_\_\_\_\_ Check No. \_\_\_\_ Date: \_\_\_\_\_

PARCEL CODE NUMBER 28-11-\_\_\_\_-\_\_\_\_-\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Phone Number \_\_\_\_\_

Presently zoned: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_

**A. PROPERTY INFORMATION REQUIRED**

1. Legal description of the property.
2. Proof of ownership of the property.
3. Copies of deed restrictions (if any) which affect the use on the property, or statement that no deed restrictions exist.
4. Nine (9) copies of a plot plan drawn to scale of the property showing: a) both existing zone boundaries and those proposed; b) existing structures on the property; c) existing land use (state the use on the property and the use on adjacent properties); and d) roads serving and those adjacent to the property.

- B. AFFIDAVIT:** The undersigned affirms that they are the owner of the property, involved in this request for rezoning, and that the foregoing answers, statements and information herein submitted are in all respects true, and to the best of their knowledge, correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

**C: OFFICIAL ACTION**

Township Planning Commission

Date of meeting when request was presented: \_\_\_\_\_

Date of determination of compliance with Comprehensive Plan: \_\_\_\_\_

Date of Planning Commission public hearing: \_\_\_\_\_ Dates of Public

Hearing Notice: (1) \_\_\_\_\_, (2) \_\_\_\_\_

Type of Action Taken: \_\_\_\_\_

County Planning Commission

Date of County Planning Commission Review: \_\_\_\_\_

Type of Action Taken: \_\_\_\_\_

Township Board

Date of Township Board Public Hearing: \_\_\_\_\_

Date of Public Hearing Notice: (1) \_\_\_\_\_, (2) \_\_\_\_\_

Type of Action Taken: \_\_\_\_\_