



Application For Rezoning

Date:
Parcel ID Number:

P.O Box 310 ~ Harrison, MI 48625 ~ (989) 539-7129 ~ www.hayestownship.com

Property Owner(s) Name:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

This application must be signed by the property owner(s). In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner.

Requested Zoning:	Location of Property: Address _____
Current Zoning of Property:	N E S W side of _____ road
Master Plan Designation of Property:	Between _____ & _____ roads
Zoning of surrounding Parcels: North: _____ South: _____ East: _____ West: _____	Total Acreage of Existing Site:

Insert below (or attach) accurate legal description of property:

Briefly describe the proposed land use:

Owner(s) Signature:	I hereby grant permission for members of the Planning Commission and the Zoning Administer to enter the above-described property for purpose of gathering information related to this application.
Applicant(s) Signature (if other than Owner):	
Signature and Date:	

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Application fee:	Date Received:	Receipt Number:
Publication Date:	Date Notices Mailed:	Public Hearing Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved With Conditions (list below or attach)		