

**HOWELL TOWNSHIP -
APPLICATION FOR AMENDMENT TO
ZONING ORDINANCE / MAP**

Fee: \$1000.00 File No: _____ Date: _____

Property ID#: 4706-_____-_____-_____

1. Applicant: _____

 Owner: _____

2. Address: _____

3. Telephone No: _____ FAX No.: _____

4. Date of Application: _____

5. Completed Land Use Permit Application: _____

6. Zoning District: _____

7. Existing Use: _____

8. Proposed Use: _____

9. Current Zoning Classification: _____

10. Proposed Zoning Classification: _____

11. Legal description of property to be rezoned (attached copy if necessary):

12. Attach list of names and addresses of all occupants of real property
 Within 300 feet of the premises to be rezoned: _____

13. Requested change in ordinance: _____

14. Requested change in zoning map: _____

15. Reason for requested change: _____

16. Has the Applicant made a previous request to rezone the property? _____

If so, state when and decision of the Township Board. _____

Applicant, being first fully sworn, on oath deposes and says that all the above statements in this application and in the accompanying application for Land Use Permit submitted herewith are true.

Applicant

PRINT NAME

Subscribed and sworn to before me

This _____ day of _____, _____

Notary Public

_____ County, Michigan

My commission expires: _____

BELOW THIS LINE FOR TOWNSHIP USE ONLY

Zoning Administrator to complete:

1. **Current zoning classification:** _____
2. **Current use:** _____
3. **Has the fee been paid?** _____
4. **Has the Application for Rezoning or change in the ordinance and map been completed?** _____

HOWELL TOWNSHIP ZONING ADMINISTRATOR

Date: _____

BY: Zoning Administrator