

**HOWELL TOWNSHIP**  
**Application for Re-Zoning/Text Amendment**

3525 Byron Road Howell, MI 48855

Phone: 517-546-2817 ext. 108

Email: [inspector@howelltownshipmi.org](mailto:inspector@howelltownshipmi.org)

Fee: \$1000.00

Parcel ID #: 4706-_____ - _____ - _____	Date _____	
Applicant Name _____	Applicant Address _____	
Phone _____	Fax _____	Email _____
Property Owner Name _____		
Phone _____	Fax _____	Email _____

Current Zoning Classification _____	Proposed Zoning Classification _____
Existing Use _____	Proposed Use _____
Legal Description (attach copy if necessary):	

Requested change in Ordinance / Zoning Map:
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Reason for Requested Change:

Has the Applicant made a previous request to rezone the property?

Yes

No

If yes, state when and the decision of the Township Board:

Owner, being first fully sworn, on oath deposes and says that all of the above statements in this application herewith are true.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public

\_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_