

APPLICATION FOR REZONING

CITY OF OWOSSO

301 W. Main Street, Owosso, Michigan 48867, TX 989-725-0540, FX 989-723-8854

Note to Applicants:

1. In order that this application may be processed, the applicant must completely fill in the application and make a non-refundable payment of One Hundred Twenty Five Dollars (\$125) to the Treasurer's Office, to cover costs associated with the processing.
2. The applicant or his/her representative must be present at the Planning Commission and City Council public hearings for action to be taken on this request.

TO THE OWOSSO CITY COUNCIL:

I, (we), the undersigned, do hereby respectfully make application and petition the City Council to amend the Zoning Ordinance and change the Zoning Map as hereinafter requested,

1. PROPERTY TO BE REZONED: Street Address _____

Description: (lot, block or metes and bounds) _____

Frontage in Feet _____ Depth in Feet _____

2. PROPERTY OWNERSHIP: (Name, Address, and Phone Number)

3. ZONING REQUEST Current Zoning _____ Requested Zoning _____

Proposed Use of the Property _____

Indicate why, in your opinion, the requested change is consistent with the Ordinance in promoting and protecting the public health, safety, peace, morals, comfort, convenience and general welfare of the inhabitants of the City of Owosso:

The above information has been submitted in support of the rezoning and is accurate and truthful to the best of our knowledge.

(Signature of Applicant)

(Address)

(Signature of Co-Applicant)

(Phone)

- ___ Legal Representative
- ___ Owner
- ___ Option to Purchase

FOR OFFICIAL USE ONLY

Case # _____

Planning Commission Hearing Date _____

Receipt # _____

Action Taken _____

Date Filed _____

City Council Hearing Date _____

Description Checked _____

Action Taken _____