



7401 N 32nd St
Richland, MI 49083
P: 269-629-4921
F: 269-629-5993

REZONING/LAND USE PLAN AMENDMENT

Applicant: _____ Phone#: _____

Mailing Address: _____ Email: _____
City State Zip

Owner: _____ Phone: _____

Owner Mailing Address: _____ Email: _____
City State Zip

Address of Subject Property: _____ Parcel # _____

Legal Description (May be attached): _____

Current Zoning: _____ Requested Zoning _____

Current Land Use Plan Designation: _____ Requested Land Use Plan Designation _____

I (we), the undersigned do hereby submit one packet that includes: completed and signed application, and any other necessary drawings, supporting documentation, review fee, and escrow for the purpose of obtaining rezoning / land use amendment review from the Planning Commission. In making this application, I (we) acknowledge that the Township Planning Commission has discretion to impose reasonable terms and conditions as a provision of any considered approval. In making this application, I (we) acknowledge that the Planning Commission will review this rezoning / land use application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any Richland Township official or representative to enter and inspect the subject property for purposes related to this application

Applicant Signature: _____ Date: _____

Owner Signature** _____ Date: _____

Owner's Signature Must Be Notarized:

Notary

Subscribed and sworn to before me
This ___ day of _____, _____

Name of Notary: _____
County: _____ Acting in _____ County

Commission Expires _____

Signature of Notary: _____

Received by _____ Date Received _____ Amount Received _____



*******FOR OFFICE USE ONLY*******

Parcel # _____ Property Address _____

Applicant _____

REVIEWER'S ACTION:

_____ Application complete. Forward to next planning commission meeting and begin the process for public hearing. _____

Date of Meeting

_____ Applicant incomplete. Additional information requested by: _____

_____ Proceed with public noticing

_____ Hold public noticing

Additional Comments:

SIGNATURE _____ **DATE** _____

Planner / Zoning Administrator