

**STURGIS TOWNSHIP
ST. JOSEPH COUNTY, MICHIGAN**

APPLICATION FOR RE-ZONING

Date Received: _____

By: _____

Fee Paid: _____

1. Legal description of subject property (Plat and Lot, or Metes and Bounds Descriptions): _____

2. Zoning Classification: _____

3. Size and location of subject property (acreage, dimension, street, street number or nearest landmarks, etc.): _____

4. Present improvements on the property (buildings or other structures, etc.): _____

5. Applicant's interest in the property (title holder-owner, land contract purchaser, tenant, lessee, etc.): _____

6. If applicant's interest is other than title holder, does the title holder know of this application and consent to its submittal? _____ YES _____ NO

7. Indicate any restrictions which encumber the property (plat restrictions, etc.). If none, state none. _____

8. State present use of property. _____

9. The purpose of the rezoning is to use the property as follows: _____

10. Does a site plan accompany the application? _____ YES _____ NO

11. It is hereby requested that the forgoing described property be rezoned from

_____ to _____ .

NAME OF APPLICANT(S) (Print): _____

SIGNATURE OF APPLICANT(S): _____

ADDRESS: _____

TELEPHONE: (Work) _____ (Home) _____

FOR OFFICIAL USE ONLY:

Date approved: _____ Conditions: _____

Date rejected: _____ Reasons: _____