

APPLICATION FOR REZONING

Charter Township of Waterford
Community Planning and Development Department
5200 Civic Center Drive
Waterford, MI 48329-3773(248) 674-6255

<i>Staff Use Only</i>
Fee Paid _____
Case No. _____
Assigned _____
Public Hearing _____
Date _____

Applicant Name: _____

Applicant Address: _____
Street Address City State ZIP Code

Applicant Contact Information: _____
Phone Number Fax Number Email Address

Site Address/General Location: _____

Parcel ID No.: _____ **Total Site Acreage:** _____

Existing Zoning (*check applicable district*):

- R-1A/R-1B R-1C R-1D R-2 R-3 R-4 R-O1 C-1
 C-2 C-3 C-UL A-1 TISO M-1 M-2 RA-1 RA-2

Proposed Zoning (*check applicable district*):

- R-1A/R-1B R-1C R-1D R-2 R-3 R-4 R-O1 C-1
 C-2 C-3 C-UL A-1 TISO M-1 M-2 RA-1 RA-2

All persons having ownership interest in above-referenced property must sign this document to authorize the filing of the application. Ownership interest includes owners, all parties in land contracts, and all parties in purchase agreements. Additional signature pages may be attached for owners exceeding four in number.

	<u>NAME (Print)</u>	<u>ADDRESS</u>	<u>TYPE OF OWNERSHIP INTEREST</u>	<u>SIGNATURE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

CERTIFICATION

I do hereby swear all of the statements, signatures, descriptions and exhibits herewith submitted are true and accurate to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization.

Name (Please Print) Address Telephone Contact Birth Date Drivers License #

Signature

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public
State of Michigan
County of _____
My Commission Expires: _____