

ZONING DISTRICT AMENDMENT APPLICATION

(This application must be typewritten or printed. ALL questions must be answered.)

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate: _____

Fax: _____ E-Mail: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate: _____

Fax: _____ E-Mail: _____

PROPERTY DESCRIPTION

Address: _____

Tax Parcel Number: _____

Legal Description: _____

ZONING DISTRICT

Current _____ Proposed: _____

DRAWING OF PROPERTY: Attach a scaled drawing of the property in this petition, showing lot line dimensions, bearings, section corner reference, and the use and Zoning District of each adjacent parcel of land. Requests for PC, PM or VC Districts require a site plan that complies with the requirements in Article 7 of the Superior Township Zoning Ordinance.

REASONS FOR THE PROPOSED ZONING DISTRICT AMENDMENT

Attached hereto and made a part of this application are submitted the following:

- Drawings, all on sheets 11 inches by 8 ½ inches in size, drawn to scale, and correlated with the legal description; vicinity map clearly showing location of property, adjacent land uses and zoning classifications.
- A letter of authority or power of attorney in the event the petition is made by a person other than the owner of the property, signed by the owner.
- Complete legal description of the premises, including street address (if applicable.)
- Any additional information or documentation required by the Zoning Ordinance for petition review (for example site plans as required when a rezoning petition is for a Special District such as Planned Community).

I hereby depose and say that all the above statements and statements made in the papers and documents submitted herewith are true and correct. I also hereby acknowledge and understand what is required of a petitioner under Article 18 of the Superior Township Zoning Ordinance before consideration of a zoning district amendment.

Signature of Applicant _____

Signature of Owner (s) _____

Sworn to before me this _____ day of _____ 20 _____

My commission expires _____

*Superior Charter Township, 3040 N. Prospect Rd., Ypsilanti, MI 48198
Telephone: 734-482-6099 Website: superiortownship.org Fax 734-482-3842*

(Notary Public, Washtenaw County, Michigan)

To be filled in by Township Clerk or Designee: I hereby state that this application was properly received and
filed on _____ . Signature _____