



RE-ZONING APPLICATION

Permit No.# _____

Parcel # _____

Fee: \$200.00

1. Owner/Applicant: Name: _____
 (Last) (First) (M.I.)
 Address: _____
 (Street & No.) City (State-Zip)
 Phone: _____
 (Home) (Work)

2. Describe Request: _____

3. Legal Description of Property: _____

4. Address of Property: _____

5. Attach an accurate Drawing of the Site Showing:
 a) Property Boundaries
 b) Existing and proposed buildings
 c) The distance from the lot line of each existing or proposed building.
 d) Unusual physical features of the site.
 e) Abutting streets

6. Names and Addresses of all other persons, firms or corporations having a legal interest in the property:

“I understand that if the zoning change is granted, I am in no way relieved from all other applicable requirements of the City of Plainwell Zoning Ordinance.”

Applicant/Owner Signature:

X _____ Date: _____