

VILLAGE OF PENTWATER
REZONING APPLICATION

Parcel Number _____
Name _____
Date: _____

(Applicant)

(Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

<u>OFFICE USE ONLY</u>	
Application number _____	
Date Rec'd _____	
Fee Rec'd \$ _____	

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):
Builder / Have Option to purchase / Agent / other _____

PROPERTY OWNER:	
PROPERTY ADDRESS:	
PARCEL NUMBER:	
ZONING DISTRICT:	PRESENT USE:
CURRENT STRUCTURE ON LOT	<input type="checkbox"/> Yes <input type="checkbox"/> No
REQUESTED ZONING DISTRICT:	
* ATTACH LEGAL DESCRIPTION OF PROPERTY	

REASON FOR REQUEST:

(Attach sheets if necessary) (attached)

ATTACH A SITE MAP DEPICTING THE PROPERTY, INCLUDING LOT DIMENSIONS AND CONNECTING STREETS/ALLEYS/EASEMENTS.

(attached)

NUMBER OF ATTACHED SHEETS: _____

1. <input type="checkbox"/> Legal Description	Number of Pages:
2. <input type="checkbox"/> Reason for Request	Number of Pages:
3. <input type="checkbox"/> Site Map	Number of Pages:
4. <input type="checkbox"/> Other:	Number of Pages:

AFFIDAVIT: I agree the statements made above are, to the best of my knowledge, true and accurate. Further, I agree to give permission for officials of Village of Pentwater to enter the property subject to this permit application for purposes of inspection. Also, I understand any zoning action approved for this application conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____

Date: _____

**When completed send to:
 Village of Pentwater Zoning Administrator
 327 S. Hancock Street – P.O Box 622
 Pentwater, Michigan 49449
 Phone: (231) 869-8301
 Fax: (231) 869-5120**

<u>OFFICE USE ONLY</u>
HEARING DATE: _____
DATE SUBMITTED TO PLANNING COMMISSION: _____
[THIS FORM MUST BE DISTRIBUTED TO THE PLANNING COMMISSION WITHIN 30 DAYS OF RECEIPT]
DATE SUBMITTED TO VILLAGE COUNCIL: _____

<u>OFFICE USE ONLY</u>
Response requested from: DPW _____ Police _____ Fire _____ Other _____
<i>Please attach your response and RETURN WITHIN 10 DAYS OF THIS REQUEST to the Zoning Administrator</i>