

Date: _____ Review Fee: _____ Application # _____



APPLICATION FOR REZONING – ARMADA TOWNSHIP

APPLICANTS NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

PROPERTY IDENTIFICATION NO: _____

COMPLETE LEGAL DESCRIPTION (Use opposite site or attach separately).

EXISTING ZONING: _____ PROPOSED ZONING: _____ SIZE (in Acres): _____

PROPOSED USE OF PROPERTY: _____

LEGAL OWNER: _____
Name Address Phone

If petitioner is not the owner, state basis for representative (i.e., Attorney, Representative, Option-to-Buy, etc):

The applicant should submit a concept plan sketch, demonstrating the feasibility of developing the property for its intended use. The following information should be included: 1) Parcel size and shape; 2) Size and general location of all building(s) to be included on site; 3) Access to the site and arrangement of the parking area; and 4) Location and use of adjacent buildings.

Twelve (12) copies of the application and feasibility sketch (all materials shall be folded to 8 ½ x 11) shall be submitted to the Township by **12:00 p.m. the second Thursday** of each month prior to a scheduled Planning Commission meeting. The Planning Commission will set a public hearing for the following meeting. A recommendation may or may not be made at the meeting.

The undersigned authorizes the members of the Planning Commission and any employees of the Building Department to enter upon the described premises to visually inspect the proposed site before and after any hearing scheduled for this application. Written notification of any inspection shall be given to the applicant by the Township prior to any inspection. Any additional costs, incurred by the Township, above and beyond the original review fee, shall be paid by the applicant. All additional fees shall be paid prior to the issuance of any building permit.

Signature of Applicant

Signature of Legal Owner (if not Applicant)

(Please print/type name below signature)

(Please print/type name below signature)

12-6-22