

GANGES TOWNSHIP
1904 64TH Street
Fennville MI 49408
269-543-8316

APPLICATION FOR REZONING

Please complete all of the following information, then sign and return this form to the Zoning Administrator's office. The following statements and any accompanying materials must be complete and accurate.

1. General Information

Property Owner(s) _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Parcel No _____ Existing Zoning _____ Proposed Zoning _____

Property Address _____ Acreage _____

Applicant (other than owner) _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Project Information

Legal Description of Property (attached separately if necessary):

Description of Proposed Land Use Development:

Reason for Rezoning Request:

3. Application Procedure

The application for rezoning and all other submission requirements must be submitted to the Zoning Administrator's office thirty (30) days prior to the Planning Commission meeting date.

*Proof of ownership of property

*Site plan (to scale) of property including adjacent parcels

*Current zoning of adjacent parcels

If there is not sufficient space to fully describe the proposed development, please attach additional information as may be needed.

The rezoning fee shall be required at the time the request is filed with the Zoning Administrator; \$800 per application. Each parcel as it appears on Township tax roles will be considered a separate application for purpose of determining fee.

The owner and/or developers attendance is required at the Planning Commission meeting to answer questions and/or to present any necessary plans or drawings.

Ganges Township reserves the right to deny acceptance of any request until such time as all requirements are met. Any revisions and/or modifications to the site plan, elevations, and other pertinent information must be resubmitted to the Zoning Administrator's office for review. No Planning Commission action will be initiated until such time as these requirements are completely fulfilled.

I hereby authorize the Ganges Township staff to inspect this site at their discretion and that I have a legal or equitable interest in all land subject to this application.

Applicant signature _____ Date _____

Owner signature _____ Date _____

Please submit application and fee (made payable to Ganges Township) to:

Michigan Township Services

Attn: Tasha Smalley, Zoning Administrator

111 Grand Street

Allegan MI 49010

1-800-626-5964

For Office Use: Date Rec'd _____ Fee Rec'd _____

Hearing Date _____ Action _____

Publication Dates _____