

SCHOOLCRAFT TOWNSHIP

50 East VW Avenue
Vicksburg, Michigan 49097

(269) 649-1276

Fax: (269) 649-2232

APPLICATION FOR
ZONING ORDINANCE TEXT AMENDMENT

Applicant Name: _____ Date: _____

Applicant Address: _____
Street city state zip

Phone: _____

Identify the section(s) of the existing Zoning Ordinance you are proposing be amended, and attach the draft text you are proposing be added to the Zoning Ordinance and/or the existing text you are proposing be revised or deleted.

State all of the circumstances, factors, and reasons you offer in support of your proposed text amendment, including any changed or changing conditions in a particular area or in the Township generally that you think make your proposed text amendment reasonably necessary to the promotion of the public health, safety, and general welfare.

NOTE: An application fee deposit of \$750.00* must accompany this application.

****Costs incurred over the application fee deposit amount must be paid upon billing by the Township***

Application to be filed with: Schoolcraft Township Clerk
50 East VW Avenue
Vicksburg, MI 49097

Signature of Applicant: _____

Date: _____

(For Township Use Only)	
Deposit Fee Received By _____	Amount: _____
Date: _____	
Tentative Hearing Date: _____	