

SCHOOLCRAFT TOWNSHIP

50 East VW Avenue
Vicksburg, Michigan 49097

(269) 649-1276
Fax: (269) 649-2232

APPLICATION FOR ZONING MAP AMENDMENT (REZONING)

Applicant Name: _____ Date: _____

Applicant Address: _____
street city state zip

Phone: _____

Property Information

Property Owner (If different from applicant) _____

Property Address _____

Parcel NO. _____ Legal Description (obtain from deed or tax bill and attach) _____

Parcel size: _____

The property is presently zoned:

- AG-1 Exclusive Agriculture District
AG-2 General Agriculture District
RR Rural Residential District
R-1 Medium Density Residential District
R-2 Medium Density Residential District
R-3 Medium Density Residential District
R-4 Manufactured Housing Res District
C/R Campground and Recreation District
P/RU Public/Recreational Use District
LC Local Commercial District
LI Local Industrial District
US-131 Corridor Business District

The applicant requests that the above-described property be rezoned to:
_____ District.

Attach a map, drawing or survey showing the general area surrounding the subject land. Also show the boundaries of the parcel and the location of existing buildings. Attach a statement of the factors and reasons you believe support the requested rezoning.

Signature of Applicant _____

Date _____

NOTE: An application fee deposit of \$750.00 must accompany this application. *Costs incurred over the application fee deposit amount will be billed at end of application process; if deposit exceeds actual costs the balance will be refunded.

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

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