

SCHOOLCRAFT TOWNSHIP

**50 East VW Avenue
Vicksburg, Michigan 49097**

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

**APPLICATION FOR FUTURE LAND USE PLAN
MAP AMENDMENT AND 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 present planning classification of the property is:

- | | |
|--------------------------------------|---------------------------------------|
| _____ Agricultural Preservation | _____ Neighborhood Commercial |
| _____ Rural Preservation | _____ Industrial |
| _____ Medium Density Residential | _____ US 131 Corridor |
| _____ Manufactured Housing Community | _____ US 131 Overlay |
| _____ Public/Recreational Lands | _____ Waterfront Preservation Overlay |

The applicant requests that the planning classification of the
above-described property be changed to: _____.

The property is presently zoned:

- | | |
|--|---|
| _____ AG-1 Exclusive Agriculture District | _____ P/RU Public/Recreational Use District |
| _____ AG-2 General Agriculture District | _____ LC Local Commercial District |
| _____ RR Rural Residential District | _____ LI Local Industrial District |
| _____ R1 Medium Density Residential District | _____ US-131 Corridor Business District |
| _____ R2 Medium Density Residential District | |
| _____ R3 Medium Density Residential District | |
| _____ R4 Manufactured Housing Res District | |
| _____ C/R Campground and Rec District | |

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

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 changes.

Signature of Applicant

Date

NOTE: An application fee deposit of \$1,500.00 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: _____