



# ZONING CHANGE APPLICATION

To the Township Board and Planning Commission of  
Township of Whiteford, County of Monroe, Michigan

1. Fee of \$400 payable to Whiteford Township is required along with the Application for Zoning Change. This will cover the cost of a required public hearing of the Whiteford Township Planning Commission and publishing.
2. A public notice must be published in a local newspaper 15 days prior to the date of the hearing and notices are sent to neighbors within 300' of the parcel in question.
3. After the Whiteford Township Planning Commission makes their recommendation, the request is referred to the Monroe County Planning Commission for their recommendation. The Whiteford Township Board of Trustees will make the final decision.
4. Please attach a copy of the legal description and two (2) copies of the survey (if available.)
5. Please attach a plot map, including the location of all buildings, existing or new and distances from the property line and other buildings.
6. Effective date of zoning change, if approved, will be 30 days after Board minutes are published in newspaper.

## 1. The property sought to be rezoned is located and described as follows:

Located at \_\_\_\_\_  
Address \_\_\_\_\_ Major Cross Road \_\_\_\_\_

Dimension \_\_\_\_\_  
Width/Depth in Feet \_\_\_\_\_ Frontage in Feet \_\_\_\_\_

Parcel No. 5815- \_\_\_\_\_ # of Acres \_\_\_\_\_

## 2. The property sought to be rezoned is owned by:

Name of Landowner \_\_\_\_\_

Address of Landowner \_\_\_\_\_

Phone Number \_\_\_\_\_

## 3. If petitioner is not the property owner, please state basis of interest:

\_\_\_\_\_

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

## 4. It is requested the foregoing property be rezoned:

From \_\_\_\_\_ To \_\_\_\_\_

## 5. Proposed use of land if rezoning is approved:

\_\_\_\_\_

6. The applicant may be required to furnish other information requested by the Board. You may include any additional information you believe will be of assistance in reaching a decision.

7. I (we), the undersigned, do hereby respectfully make application to and petition the Whiteford Township Board of Trustees to amend the Whiteford Township Zoning Map as hereinafter requested and in support of this application the following facts are shown:

Signature: \_\_\_\_\_  
Property Owner

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Applicant (if not Property Owner)

Date: \_\_\_\_\_

All property owners must sign or send a letter of authorization.

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For Office Use Only:

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

Check No. \_\_\_\_\_

Whiteford Township Planning Commission Meeting Date \_\_\_\_\_

Result of Meeting \_\_\_\_\_

Whiteford Township Board of Trustees Meeting Date \_\_\_\_\_

Result of Meeting \_\_\_\_\_

Effective Date of Zoning Change \_\_\_\_\_