



ZONING CHANGE APPLICATION

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

1. Fee of \$500 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 _____

E-Mail _____

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

Name/Address _____ Phone _____

E-Mail _____

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.

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 _____