

HOWELL TOWNSHIP
3525 BYRON ROAD, HOWELL, MI 48855
Phone: 517-546-2817 ext. 108
E-mail: inspector@howelltownshipmi.org

APPLICATION FOR AMENDMENT
Re-Zoning, Text Amendment

Fee: \$1000.00 File No: _____ Date: _____

Property ID#: 4706-_____-_____-_____

1. Applicant: _____

Address: _____

Telephone No: _____ E-Mail: _____

2. Owner: _____

Address: _____

Telephone No: _____ E-Mail: _____

3. Zoning District: _____

4. Existing Use: _____

5. Proposed Use: _____

6. Current Zoning Classification: _____

7. Proposed Zoning Classification: _____

8. Legal description of property to be rezoned (attached copy if necessary):

9. Requested change in ordinance: _____

10. Requested change in zoning map: _____

11. Reason for requested change: _____

12. Has the Applicant made a previous request to rezone the property?

If so, state when and decision of the Township Board: _____

Owner, being first fully sworn, on oath deposes and says that all the above statements in this application herewith are true.

OWNER

PRINT NAME

Subscribed and sworn to before me

This _____ day of _____, _____

Notary Public

County, Michigan

My commission expires: _____