

**Village of Fowlerville**  
213 S. Grand Avenue  
Fowlerville, Michigan 48836  
Phone (517) 223-3771 Fax (517) 223-7435  
www.fowlerville.org



## APPLICATION FOR RE-ZONING REQUEST

To be completed by applicant:

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
APPLICANT PHONE #: _____
PROPERTY LOCATION: _____
PROPERTY LEGAL DESCRIPTION: _____
EXISTING ZONING: _____
EXISTING USE: _____
PROPOSED ZONING: _____
PROPOSED USE: _____

I hereby attest that the information on this form is, to the best of my knowledge, true and accurate. I hereby grant permission for members of the Village staff/consultants to enter the subject property for the purpose of gathering information related to this request.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE APPLICATION FILED: \_\_\_\_\_ DATE FEE PAID (\$350): \_\_\_\_\_

DATE OF PLANNING COMMISSION MEETING & PUBLIC HEARING: \_\_\_\_\_

DATE OF COUNCIL MEETING: \_\_\_\_\_ APPROVED OR DENIED