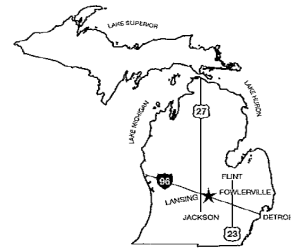


Village of Fowlerville

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 #:	_____ EMAIL: _____
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 NAME: _____ DATE: _____

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