

APPLICATION FOR ZONING AMENDMENT

All Zoning Amendment Applications must be properly filled out and submitted to the City of DeWitt Zoning Administrator at least fifteen (15) working days prior to the meeting at which the public hearing is held. The applicant will be notified in writing of all such public hearings/meetings.

Meetings of the City of DeWitt Planning Commission are held the fourth Thursday of each month at 7:00 p.m., in the Council Chambers of City Hall, 414 East Main Street, DeWitt, Michigan.

I, the undersigned, do hereby make the application and petition the City of DeWitt Planning Commission to amend the Zoning Ordinance and/or change the Zoning Map as hereinafter requested. In support of this application, the following is submitted:

Applicant(s) Name:

Address:

Telephone Number:

Owner(s) of property (if different than the applicant)

Address:

Telephone Number:

Action Requested:

A. Rezone from _______ to ______ the property located at:

General Information:		
A.	Present use of Property:	
B.	Proposed use of Property:	
C.	Size of Property:	
		sed amendment would require a change in the Zoning Map, the following s required:
	1.	A fully dimensional map showing the land which would be affected by the proposed amendment.
	2.	A legal description of such land.
	3.	The present zoning district of the land.
	4.	The zoning district of all abutting lands
	5.	All public and private right-of-way easements bounding and intersecting the land are to be rezoned.
Affida	avit:	
favora not re the ur repres	able to lieve th ndersig sentati nents h	gned acknowledges that if the request is approved or other decisions the undersigned are rendered upon this request, the said decision does not applicant from compliance with all other provisions of the City's Codes; and further affirms that he/she or they are the <u>owner</u> or <u>lessee</u> or <u>legal</u> <u>ve</u> (circle one) involved in the request and that the answers and the nerein contained and the information herewith submitted are in all respects rect to the best of his/her/or their knowledge and belief.
		Signature

Date