

ZONING MAP AMENDMENT APPLICATION



132 E. Broad Street, P.O. Box 507, Linden, MI 48451
Phone: (810) 735-7980 Fax: (810) 735-4793

SECTION TO BE FILLED OUT BY APPLICANT

Applicant's Name: _____
Address: _____ City _____ State _____ ZIP _____
Phone: _____ Email: _____

Property Owner's Name: _____
Address: _____ City _____ State _____ ZIP _____

Property Address: _____ Property Tax #: _____
Legal Description: _____

Property Size: _____ acres OR _____ square feet
Current Zoning: _____ Current Use: _____
Proposed Zoning: _____
Reason(s) for Requesting Zoning Amendment: _____

The application for zoning map amendment and any supporting documents must be submitted and all fees paid at least 28 days prior to the next regularly scheduled Planning Commission meeting.

Zoning Map Amendment Application Fee: \$750 plus \$5 per acre

INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED

I certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant: _____ Date: _____

THIS SECTION FOR CITY USE ONLY

Fee Paid: _____ Date: _____
Referred to Planning Commission: _____ Public Hearing/Meeting Date: _____
Date Approved: _____ Denied: _____

Signature of Zoning Administrator: _____ Date: _____