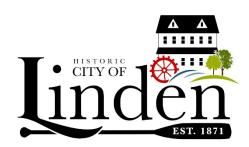
ZONING MAP AMENDMENT APPLICATION



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

CECTION TO BE SUITED OUT BY ABBUILDING

			SECTION TO BE FILLE	O OUT BY APPLICANT
Applicant's Name:				
Address:			State	ZIP
Phone:	Email:			
Property Owner's Name:				
Address:		City	State	ZIP
Property Address:		Property T	ax #:	
Legal Description:				
Property Size: acres OR	square feet			
Current Zoning:	Curr	ent Use:		
Proposed Zoning:				
Reason(s) for Requesting Zoning Amendment:				
The application for zoning map amendment an documents must be submitted and all fees paid prior to the next regularly scheduled Planning (d at least 28 days	Zoning Map Am \$5 per acre	endment Application	Fee: \$750 plus
meeting.				
INCOMPLETE SUBMITTALS WILL NOT BE ACCE	PTED			
I certify that the information given herein is tru	ue and correct to the	best of my kno	owledge:	
Signature of Applicant:		Date: _		
			THIS SECTION	FOR CITY USE ONLY
Fee Paid: Date:				
Referred to Planning Commission:	Public Hear	ing/Meeting Da	ate:	
Date Approved: Denied:				
Signature of Zoning Administrator:			Date:	