

Application for Rezoning

OFFICE USE ONLY	
Date Received	_____
Application Fee	_____
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check #	_____
Receipt #	_____
Publication Date	_____
Date Notices Mailed	_____
Public Hearing Date	_____

Date:
Parcel ID Number:

Property Owner(s) Name:			Applicant(s) Name:		
Mailing Address:			Mailing Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:			Phone:		
Location of Property:			Rezoning Request:	Zoning of Surrounding Parcels:	
Address _____				North: _____	
on the <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				East: _____	
side of _____ road				South: _____	
Between _____ & _____ roads				West: _____	
Total Acreage of Existing Site:			Current Zoning of Property:	Master Plan Designation of Property:	



Insert below (or attach) accurate legal description of property:

Briefly describe the proposed land use:

This *Application* must be signed by the property owner(s).
In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf.
This application will not be processed until authorized by the property owner.

Applicant Signature _____
Date

I hereby grant permission for members of the Planning Commission and the Zoning Administrator to enter the above-described property for purpose of gathering information related to this application.

Owner Signature _____
Date

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Conditions (list or attach)	
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Authorized Signer, Township of Hayes _____
Date

