

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: Address _____ on the <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W side of _____ road Between _____ & _____ roads			Rezoning Request:		Zoning of Surrounding Parcels: North: _____ East: _____ South: _____ 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

OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Approved
<input type="checkbox"/> Denied
<input type="checkbox"/> Approved with Conditions
(list or attach) | |
|---|--|

Authorized Signer, Township of Hayes

Date

