



PRESQUE ISLE TOWNSHIP
12653 E. Grand Lake Rd.
Presque Isle, MI. 49777
989-595-2752

APPLICATION TO REZONE PROPERTY

Date: _____

Applicant:

Address:

Phone No.: _____ **Fax No.:** _____

E-mail:

Applicant's Interest in Property:

Property Owner:

Owner's Address:

Phone No.: _____ **Fax No.:** _____

Location of Property:

Property Code Number: _____

Total area of change: _____ **Current Zoning** _____ **Requested Change** _____

I, the undersigned (owner, attorney, or option holder) hereby request that this property now classified

as _____ **District, be reclassified as**

_____ **District.**

Applicant's Signature:

(If owner does not sign application, attach letter signed by owner, requesting zoning change.)

Please Print Name:

Required Attachments:

_____ **1. Legal description of the property proposed to be rezoned.**

_____ **2. Location map**

_____ **3. Rezoning sign location map**

_____ **4. Statement indicating why change is requested**

_____ **5. Review fee (check payable to Presque Isle Township for \$250.00)**