

ST. CLAIR TOWNSHIP
1539 S. Bartlett Rd., St. Clair, MI 48079
Phone (810) 329-9042 Fax (810) 329-1198

APPLICATION FOR REZONING

Fee: \$1,150.00

Please note additional fees may be required

Date: _____

The property sought to be rezoned is located and described as
(Legal Property Description):

Parcel ID No. 74-30- _____ Acreage _____

Present Zoning on parcel is _____ Requested zoning change to _____

It is proposed the property will be put to the following use: _____

It is proposed that the following building(s) are to be constructed: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

****If the applicant is not the owner of the property, please provide a notarized letter stating that the owner is in agreement with this request for re-zoning.***

Applicant: Name (if different than owner) _____

Address: _____

Phone: _____ Email: _____

ST. CLAIR TOWNSHIP
1539 S. Bartlett Rd., St. Clair, MI 48079
Phone (810) 329-9042 Fax (810) 329-1198

****Please include 12 copies of a detailed plot plan showing the lot or parcel proposed for rezoning and intended layout.***

By signing this application, I also understand that certain Township officials and staff may need to view the above property to make a proper decision. I therefore grant them permission onto the property during daylight hours for the sole purpose of gathering information regarding the above request.

Signature of Applicant: _____

Signature of Owner (if different than applicant): _____

Address: _____

Phone: _____ Email: _____

It is recommended that the applicant/owner or their representative attend the public hearing to answer any questions Planning Commission members may have.