

OFFICE USE ONLY
FEE _____
RECEIVED _____

APPLICATION FOR REZONING

Please fill out application and mail/fax ATTENTION: CLERK'S OFFICE

**12000 Davisburg Rd.
Davisburg, MI 48350
Phone: 248-846-6510
Fax: 248-634-2316**

I (we) the undersigned, do hereby respectfully make application to and petition the Township Board to amend Springfield Township's Code of Ordinances and change the zoning map of the Township of Springfield as hereinafter requested, and in support of this application the following facts are shown:

1. The property sought to be rezoned is located and described as follows:

General Location _____
Acreage _____
Sidwell Number _____

2. It is desired and requested that the foregoing property be rezoned from _____ to _____.

3. List all parties of interest (title holder, contract purchaser, partners). Include address & phone for each:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

4. Applicant Name: _____
Address: _____
City, State, Zip: _____
Phone: Home _____ Office _____
E-mail: _____
Interest: _____

CERTIFICATION: I hereby grant permission to any Township Official, consultant or employee to access the property in order to review the request submitted.

Date _____

Signature of Applicant

Print Name

Date _____

Signature of Property Owner

Print Name