

**CASCO TOWNSHIP**

**7104 107<sup>th</sup> Ave. \* South Haven, Michigan 49090**

**(269) 637 - 4441 \* Fax(269) 639 - 1991**

**APPLICATION FOR RE-ZONING**

**Please complete all of the following information, then sign and return this form to the Township office. To be placed on the Planning Commission agenda, the following statements and any accompanying materials must be complete and accurate.**

**I. GENERAL INFORMATION**

|                         |                       |                              |
|-------------------------|-----------------------|------------------------------|
| Property Owners_____    | Phone_____            | Fax_____                     |
| Address_____            | City_____             | State_____ Zip_____          |
| Parcel No._____         | Existing Zoning_____  | Proposed Zoning_____         |
| Developmental Firm_____ | Project Director_____ | Phone_____                   |
| Address_____            | City_____             | State_____ Zip_____ Fax_____ |
| Property Address_____   | Acreage_____          |                              |

**II. PROJECT INFORMATION**

|  |
|--|
| Legal Description of Property                |
| Description of Proposed Land Use Development |
| Reason for Re-zoning Request                 |

**III. APPLICATION PROCEDURE**

The application for re-zoning and all other submission requirements must be submitted to the Zoning Administrator's Office thirty (30) days prior to the Planning Commission meeting date.

If there is not sufficient space to fully describe the proposed development, please attach additional information as may be needed.

The re-zoning fee shall be required at the time the request is filed with the Zoning Administrator and is currently \$450. Each parcel as it appears on Township tax rolls will be considered a separate application for purpose of determining fee.

The developers and /or owners attendance is required at the Planning Commission meeting to answer questions and /or to present any necessary plans or drawings.

Casco Township reserves the right to deny acceptance of any request until such time as all requirements are met. Any revisions and /or modifications to the site plan, elevations, and other pertinent information must be resubmitted to the Zoning Office for review. No Planning Commission action will be initiated until such time as these requirements are completely fulfilled.

I hereby authorize the Casco Township staff to inspect this site at their discretion and that I have a legal or equitable interest in all land subject to this application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use: Date Rec'd \_\_\_\_\_; Fee Rec'd \_\_\_\_\_; Amount \$ \_\_\_\_\_;

Hearing Date \_\_\_\_\_; Action \_\_\_\_\_

---