

File No. _____

**TOWNSHIP OF SPRING ARBOR
JACKSON COUNTY, MICHIGAN
APPLICATION FOR REZONING**

I(We) _____ Date _____

Address _____ Phone _____

hereby file an application with the Township Clerk's office to:

1. _____ Add to or change the text of the Zoning Ordinance
2. _____ Re-Zone property from _____ classification to _____

Your application will not be processed without the parcel number.

Parcel Number: _____

A. Legal description of property (lot, block, tract, subdivision name) _____

B. State intended use of buildings, structures or land _____

C. Reasons for requesting zoning change _____

D. Address of property, if different from owner's address above _____

Fee: _____

Receipt No. _____

Signature of Applicant

Township Clerk