RE-ZONING APPLICATION

Birch Run Township
8425 Main Street
P O Box 152
Birch Run, MI. 48415
(989) 624-9773/(989) 624-1177 fax

Date_____ **Request#_____**

Name of Applicant: _____

Address: _____

Developer: Name: _____

Address: _____

Parcel I D #: _____

Legal Description_____
_____
_____
_____
_____

Existing Zoning Classification: _____

Proposed Zoning Classification: _____

Current Use of Property:
_____
_____
_____

Proposed Use of Property:
_____
_____
_____

Name of property owner (s).

- **_____ Address: _____**
  _____
- **_____ Address: _____**
  _____

Name of other firm(s), corporations, or person(s) having legal interest in this property:

1. _____
2. _____
3. _____
4. _____

Requirements for Re-zoning approvals are found in Article 7.
Attachments: Required attachments as per Birch Run Township Ordinance, Section 7.03 (Procedures)

Applicant Signature: _____ **Date:** _____

I/We certify that I/We are the sole owner(s) of this above described property and certify the aforementioned information is accurate and agree to the request for rezoning as presented.

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Fees:
Application Fee: Administration & One (1) Re-Zoning Meeting: $750.00
Outside Consultant Escrow $2500.00/$5000.00 (a portion of this charge may be refundable or additional fees may be applicable). Please check with the Zoning Administrator on the applicable fees for your particular project.

Amount Paid: _____

☐Check # _____ ☐ Cash_____☐Date_____

Planning Commission Action:

- **Schedule Public Hearing Date for: _____**

Signature Planning Commission Chair Person _____

Date_____