

Leoni Township Office

913 Fifth Street Michigan Center, Michigan 49254
PHONE: (517) 764-4694 FAX: (517) 764-1106
www.leonitownship.com

DATE OF APPLICATION: _____

APPLICATION #: _____

APPLICATION FOR ZONING CHANGE or CONDITIONAL USE

TO: PLANNING COMMISSION, LEONI TOWNSHIP

I (We) Hereby make application with the Township of Leoni to:

- () Add to or change the text of the Ordinance.
- () Change the district boundaries.
- () Re-Zone the property to another classification.
- () Conditional Use.
- () Home Occupation.
- () Extending Residential Non-Conforming Use.

1. Applicants Name: _____ Phone: _____
2. Address of Property Involved: _____
3. Legal Description of Property: _____
4. The above property is presently zoned: _____
5. I wish the zoning to be changed from: _____ to: _____
6. I wish the boundaries to be changed from: _____ to: _____
7. I wish the change in the text from section: _____
8. The proposed use(s) and nature(s) of operation is/are: _____

NOTE: Attach an **ACCURATE SURVEY DRAWING** of said property drawn to scale showing existing and proposed building and structures, the type thereof and their uses, and the distances from property lines.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM THE OWNER OF THE PROPERTY.

I GRANT PERMISSION FOR MEMEBERS OF THE LEONI TOWNSHIP PLANNING COMMISSION AND/OR TOWNSHIP BOARD TO ENTER THE ABOVE PROPERTY FOR THE PURPOSE OF GATHERING INFORMATION RELATED TO THIS APPLICATION. (NOTE TO APPLICANT: This will not affect any decision on your application.)

IN CASE OF CANCELLATION OR FAILURE TO APPEAR AT THE HEARING, I UNDERSTAND THAT ALL FEES WILL BE FORFEITED.

FEE: _____
SIGNATURE OF OWNER APPLICANT

PLANNING COMMISSION RECOMMENDATION: Having review the submitted data, hereby recommend the Township Board
() Approve () Disapprove the Application for the following reasons (or with these restrictions) _____

DATE: _____ CHAIRMAN: _____
SIGNATURE

TOWNSHIP BOARD OF TRUSTEES: Having reviewed the submitted data, hereby () APPROVE () DISAPROVE the application for the following reasons: _____

DATE: _____ CLERK: _____
SIGNATURE