

**FRENCHTOWN CHARTER TOWNSHIP
PLANNING COMMISSION
APPLICATION FOR REZONING**

TAX I.D. _____ ADDRESS _____ DATE _____

APPLICANT _____

ADDRESS _____

TELEPHONE # {HOME} (____) _____ {BUSINESS} (____) _____

FAX # _____ EMAIL _____

ZONING CLASSIFICATION:

PRESENT _____ REQUESTED _____

PURPOSE OF REZONING _____

PLEASE ATTACH COPY OF LEGAL DESCRIPTION.

WHEN DID YOU OBTAIN TITLE TO THE PROPERTY AFFECTED BY THIS APPLICATION? DATE ____ / ____ / ____

IF YOU DO NOT OWN THIS PROPERTY PLEASE ATTACH COPY OF PURCHASE AGREEMENT, ETC.

LOCATION:

SIDE OF STREET { NORTH, SOUTH, EAST, WEST } _____

ADDRESS _____ SUBDIVISION _____

BETWEEN {CROSS STREET } _____ AND _____

IF A BUILDING IS PRESENTLY LOCATED UPON THE PREMISES, ATTACH A PHOTOGRAPH OF THE BUILDING.

PHOTO ATTACHED: YES _____ NO _____

ARE YOU REPRESENTED BY AN ATTORNEY? YES _____ NO _____

WILL YOUR ATTORNEY BE PRESENT AT THE PLANNING COMMISSION MEETING?

YES _____ NO _____

IF YES, WHAT IS YOUR ATTORNEY’S NAME _____
NEITHER THE FRENCHTOWN CHARTER TOWNSHIP, NOR ANY OF ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES SHALL BE RESPONSIBLE FOR ANY ERROR OR OMISSION IN INFORMATION OR DATA SUBMITTED IN CONNECTION WITH THE REZONING APPROVAL.

THIS AFFIDAVIT IS USED BY THE APPLICANT

I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE. I FURTHER CERTIFY THAT ALL INFORMATION AND DATA FURNISHED FOR REZONING APPROVAL IS TRUE AND CORRECT. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR MY ERRORS AND OMISSIONS.

STATE OF MICHIGAN }
 }SS.
COUNTY OF MONROE }

APPLICANT OF { OWNER OR AGENT }

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF, 20__

MY COMMISSION EXPIRES:_____

TOWNSHIP CLERK OR NOTARY PUBLIC

THIS AFFIDAVIT IS USED BY OWNER TO APPOINT AN AGENT TO APPLY FOR HIM

I HEREBY CERTIFY THAT I HAVE APPOINTED THE ABOVE APPLICANT AS MY AGENT AND THAT HE IS QUALIFIED TO MAKE THE ABOVE AFFIDAVIT FOR ME AND TO SECURE THE PERMIT. I FURTHER CERTIFY THAT ALL INFORMATION AND DATA FURNISHED FOR REZONING APPROVAL IS TRUE AND CORRECT. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ERRORS AND OMISSIONS.

OWNER

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF, 20__

MY COMMISSION EXPIRES:_____

TOWNSHIP CLERK OR NOTARY PUBLIC

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PLANNER FEE	\$300.00 & \$15.00 per acre	–MAX \$1,500.00
ENGINEER FEE	+ <u>100.00</u>	
TOTAL FEES	\$ _____	1st CHECK =\$ _____ CHECK # _____ (Planner & Engineer Fees)
		2nd CHECK=\$150.00 CHECK # _____ (Planning Commission Fee)