Powell Township
P.O. Box 319
Big Bay, Michigan 49808
906-345-9345

PETITION FOR AMENDMENT OF ZONING ORDINANCE MAP

Applicant:_____

Street/box:_____

City:_____

State/Zip:_____

Daytime Phone:_____

For Zoning Administrator Use Only

CUP File # _____

Date _____

Receipt # _____

Hearing Date _____

Tax Code # _____

Applicant's Interest in Property_____

COMPLETE LEGAL DESCRIPTION OF SITE T____N, R____W, Section_____ (attach additional page if needed)

Parcel Size: _____

Note: If more than one parcel is involved, or more than one zoning district is involved, the applicant must attach an accurate, scaled map showing each parcel and their current and proposed zoning districts.

Current Zoning District: _____

Proposed Zoning District: _____

Reason the Proposed Rezoning is Requested: _____

I grant the Zoning Administrator permission to visit and/or photograph the site prior to the hearing

_____ _____

DATE OWNER'S SIGNATURE

(Continued on reverse)

Public Hearing in accordance with Section 1102 held on (Date):_____

Attendance (Number):_____

Comments:_____

_____

_____

_____

_____

_____

_____

PLANNING AND ZONING COMMISSION RECOMMENDATION:

Approve _____

Deny _____

Date: _____

Signature: _____
Chair, Powell Township Planning and Zoning Commission

TOWNSHIP BOARD ACTION:

Approve _____Ordinance#_____

Deny _____

Refer Back to Planning and Zoning Commission _____

Report due by _____

Date_____

Signature: _____
Powell Township Clerk