

ZONING AMENDMENT APPLICATION FORM

CHARTER TOWNSHIP OF FLINT
1490 S. DYE ROAD
FLINT, MI 48532
(810) 732-1350 FAX (810) 733-6919

CASE # _____
FEE PAID _____
TBS FOR PH _____
PH DATE _____

1. Date: _____
2. The property is located on the N S E W side of _____ road between
_____ and _____ Roads
3. Location address _____

Legal Description of Property _____

4. Dimensions of property: _____
frontage depth acreage

5. It is requested that the zoning classification of the foregoing described property be amended
from _____ to _____.

6. It is proposed that the property will be put to the following use:

7. Exhibits attached: _____

8. Petitioner
- | Name | Address | City | Phone |
|------|---------|------|-------|
|------|---------|------|-------|

9. Name(s) of legal owners(s) of the property:
- | Name | Address | City | Phone |
|------|---------|------|-------|
|------|---------|------|-------|

Agent processing the amendment if different from No. 8.

Name	Address	City	Phone
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11. Signature(s) of legal owner(s) or authorized agent – AUTHORITY: TWP ZONING ACT PA 184, 1943 AS AMENDED.
- _____

ZONING AMENDMENT FEE SCHEDULE: 0 - 1 ACRE = \$700
1 ACRE + = \$700 + \$40/ACRE (MAXIMUM \$950)

AFFIDAVIT OF AUTHORITY

VARIANCE OR ZONING APPLICATION #: _____

MEETING DATE: _____

ZBA: _____ **PLAN COMM :** _____

I hereby swear that I have the consent or authority of the owner of this property to act on the owner's behalf in asking for the variance/rezoning decision.

SIGNATURE OF AGENT

DATED