

**APPLICATION FOR REZONING  
MARION TOWNSHIP  
LIVINGSTON COUNTY, MICHIGAN**

I/we, the undersigned, do hereby make application to and petition the Marion Township Board to amend the township zoning ordinance and change the zoning map of Marion Township as hereinafter requested. In support of this application, the following facts are shown:

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

If applicant is not the owner, please provide the following, along with a letter of authorization signed by the owner:

Name of Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

Property Information

Address/Location \_\_\_\_\_  
Parcel ID # \_\_\_\_\_  
Parcel Size \_\_\_\_\_  
If multiple lots, are they contiguous? \_\_\_\_\_

Legal description and certificate of survey for land proposed to be rezoned **(please attach)**

Present zoning classification \_\_\_\_\_

Requested zoning classification \_\_\_\_\_

FEE SCHEDULE  
\$500 fee  
\$3,000 escrow

I hereby attest that the information on this application is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Applicant                      Date

<b>Office Use Only</b>		
<b>Date Received:</b> _____	<b>Fee Paid:</b> _____	<b>Legal Description:</b> _____
<b>Materials Received:</b> _____	<b>Site Plans:</b> _____	<b>Application #:</b> _____
<b>Application accepted by:</b> _____		