

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

TAX I.D. _____ DATE _____

APPLICANT _____

ADDRESS _____

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

FAX # _____

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 _____

2nd CHECK=\$150.00 CHECK # _____