

CALEDONIA TOWNSHIP ZONING APPLICATION

Permit Number: _____

Please check one and include Fee of \$200:

Date Filed: _____

____ Special Land Use

____ PUD

Fee Paid: _____

____ Rezoning

____ Text Amendment

Check Number: _____

____ Variance

____ Ordinance Interpretation

____ Appeal

____ Other

SEND TO: Zoning Administrator, Mike Sanford, 6660 Caledonia St., Hubbard Lake, MI 49747

Brief Description of Request (use back if needed): _____

Property Identification Number: _____

Property Address: _____

I hereby grant permission for members of the Township (Planning Commission) (Zoning Board of Appeals) (Township Board) (Staff) to enter the property described on this application (or as described on the attached sheet) for the purpose of gathering information related to this application.

NOTE: When possible, an appointment will be scheduled.

Applicant's Name: _____

Applicant's Address: _____

Phone Number: _____

Email Address: _____

Existing Zoning of Property: _____ Is Rezoning Necessary: YES / NO

Site Plan Minimum Requirements: A properly scaled Site Plan with a preferred scale of 1 inch to 50 feet or greater. Attach any other applicable information.

Applicant's Signature: _____ **Public Hearing Date:** _____

Caledonia Township Action: _____

Date: _____

Expiration Date: _____

Application Updated: May 14, 2018
