

APPLICATION for REZONING
Baroda Township, Berrien County, Michigan

Permit Number: _____

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Property Address: _____
Permanent Parcel Number: _____
Legal Description: _____
Existing Zoning: _____ Parcel size: _____ (acres)
Proposed Zoning: _____

Describe the nature of the proposed Rezoning. Sec. 22.02 identifies six (6) steps required to file an application for rezoning. In the space below or on additional pages, if needed, state how this request will conform to the promotion of the public health, safety, and general welfare of Baroda Township. _____

Applicant's Signature: _____ Date: _____

I hereby agree that the information provided is correct in its entirety. I hereby grant permission to the Township officials to enter the above described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on the application, but may delay the ability to render a decision until sufficient information is provided by the applicant.*

Ten (10) copies of a complete site plan containing all the information required by Sec. 14.3 of the Baroda Township Zoning Ordinance must accompany this application form, along with a fee, as established by the Township Board.

It is the applicant's responsibility to meet the requirements of the Baroda Township Zoning Ordinance in all respects. Copies of the Ordinance may be obtained from the Baroda Township Offices.

For Office Use Only

Date application filed: _____

Fee amount: _____ Date paid: _____

Date of Planning Commission Work Session: _____

Public Hearing date: _____

Date of Township Board Meeting: _____

Advertised: _____ Property Notices Sent: _____