

**Richfield
Township**

Application for Rezoning

Date
Parcel ID Number

P.O. Box 128 – St. Helen, MI 48656 989-389-4994 www.richfieldtownship.org

Property Owner(s) Name:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

This application must be signed by the property owner(s). In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner.

Requested Zoning:	Location of Property: Address: _____ N E S W side of _____ Rd Between _____ & _____ Roads
Current Zoning of Property:	
Master Plan Designation of Property:	

Zoning of Surrounding Parcels: North: _____ South: _____ East: _____ West: _____	Total Acreage of Existing Site:
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Insert below (or attach) accurate legal description of property:

Briefly describe the proposed land use:

Owner(s) Signature:	I hereby grant permission for members of the Planning Commission and the Zoning Administrator to enter the above described property for purpose of gathering information related to this application. Signature and Date:
Applicant(s) Signature (if other than owner)	

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Application Fee:	Date Received:	Receipt Number:
Publication Date:	Date Notices mailed:	Public Hearing Date:

Approved **Denied** **Approved With Conditions (Attach Conditions)**