

Leoni Township Office

913 Fifth Street P.O. Box 375
Michigan Center, Michigan 49254
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email: leonitwp@modempool.com

DATE OF APPLICATION: _____

APPLICATION #: _____

APPLICATION FOR ZONING CHANGE or CONDITIONAL USE

TO: PLANNING COMMISSION, LEONI TOWNSHIP

I (WE) Hereby make application with the Township of Leoni to:

- Add to or change the text of the Ordinance.
- Change the district boundaries.
- Re-Zone the property to another classification.
- Conditional Use.
- Home Occupation.
- Extending Residential Non-Conforming Use.

1. Applicants Name: _____ Phone: _____

2. Address of Property Involved: _____

3. Legal Description of Property: _____

4. The above property is presently Zoned: _____

5. I wish the zoning to be changed from: _____ to: _____

6. I wish the boundaries to be changed from: _____ to: _____

7. I wish the change in the text from section: _____

8. The proposed use(s) and nature(s) of operation is/are: _____

NOTE: Attach an **ACCURATE SURVEY DRAWING** of said property drawn to scale showing existing and proposed building and structures, the type thereof and their uses, and the distances from property lines.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM THE OWNER OF THE PROPERTY.

I GRANT PERMISSION FOR MEMEBERS OF THE LEONI TOWNSHIP PLANNING COMMISSION AND/OR TOWNSHIP BOARD TO ENTER THE ABOVE PROPERTY FOR THE PURPOSE OF GATHERING INFORMATION RELATED TO THIS APPLICATION. (NOTE TO APPLICANT: This will not affect any decision on your application.)

IN CASE OF CANCELLATION OR FAILURE TO APPEAR AT THE HEARING, I UNDERSTAND THAT ALL FEES WILL BE FORFEITED.

FEE: _____

SIGNATURE OF OWNER APPLICANT

PLANNING COMMISSION RECOMMENDATION: Having review the submitted data, Hereby recommend the Township Board
() Approve () Disapprove the Application for the following reasons (or with these restrictions) _____

DATE: _____ CHAIRMAN: _____

SIGNATURE

TOWNSHIP BOARD OF TRUSTEES: Having reviewed the submitted data, Hereby () APPROVE () DISAPROVE the application for the following reasons: _____

DATE: _____ CLERK: _____

SIGNATURE
