

BRIMFIELD TOWNSHIP

APPLICATION FOR ZONING AMENDMENT

DATE: _____ APPLICATION # _____

The undersigned, owner (s), or owner (s) designee of the following legally described property hereby request the consideration of change in zoning district classification as specified below.

APPLICANT:

ADDRESS:

TELEPHONE: (home) _____ (cell) _____ (work) _____

EMAIL:

PROPERTY OWNER:

ADDRESS:

TELEPHONE: (home) _____ (cell) _____ (work) _____

EMAIL:

LOCATION:

PARCEL #:

EXISTING USE:

PRESENT ZONING DISTRICT:

PROPOSED USE:

PROPOSED ZONING DISTRICT:

STATEMENT OF REASON FOR THE PROPOSED AMENDMENT: (use additional sheets if necessary)

SUPPORTING INFORMATION: (attach to application)

- ✓ A map at a legible scale showing property lines, thoroughfares, existing and proposed zoning district boundary lines, and such other items as the Zoning Inspector may require.
- ✓ A list of all property owners and their mailing addresses who are within, contiguous to, or directly across the street from the parcel(s) proposed to be rezoned and others that may have a substantial interest in the case. In cases involving the change of zoning for ten (10) or more parcels, a list of property owners and their mailing addresses is not warranted.
- ✓ A statement indicating how the proposed amendment is not contrary to the Township's Comprehensive/Land Use Plan.

ZONING INSPECTOR _____

DATE: _____

RECEIPT # _____

AMOUNT (cash) or (check) _____ CHECK # _____