

ISABELLA COUNTY REQUEST TO REZONE

Applicant Information:

Name _____ Owner/Agent/Other Interest (circle one)

Address _____

Phone _____ Fax _____

Property Owner Information: (if different from applicant)

Name _____

Address _____

Phone _____ Fax _____

Property Information:

Address/Location _____

Property Tax ID Number _____

Current Zoning District _____ Requested Zoning District _____

Future Land Use Designation _____ Current Use _____

ATTACHMENTS: Please submit the following items with the application.

A Site Plan drawn to scale showing the following:

1. The entire parcel to be rezoned
2. Existing and proposed curb cuts;
3. Adjacent uses and zoning districts;
4. Adjacent roads and or easements;
5. Existing improvements; exiting and proposed utilities;
6. Any unique natural features such as lakes, rivers, streams, wetlands, steep slopes.

Copy of deed(s) and an accurate legal description(s) of the parcel(s) to be rezoned.

A statement of the consistency of the proposed rezone with the existing and future surrounding land uses and the anticipated impacts of the surrounding area with specific regards to traffic, infrastructure, environment, noise, public safety and visual considerations.

Signature of Applicant_____
Date_____
Signature of Property Owner_____
Date

Optional: I hereby grant permission for members of the Isabella County Planning Commission and Zoning Administrator 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.

Signature of Property Owner_____
Date**Office use only**

Fee \$650.00 File # _____ Date _____ Check # _____ Receipt # _____