

ZONING SOLUTIONS, LLC
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 CASSOPOLIS, MI 49031
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Permit #	
Fee	\$400.00
Method of Payment	
Date Received	
Date Deemed Complete	
Received By	

MAKE CHECK PAYABLE TO MARCELLUS TOWNSHIP

APPLICATION FOR PROPERTY REZONE

Property Owner Information		
Municipality () City () Village (X) Township of: Marcellus		
Name of Property Owner		
Address	City, State	Zip
Telephone	Email	
Subject Property (If different than above)		
Address	City, State	Zip
Current Zoning Classification:		
Current Use:		
Requested Zoning Classification:		
Proposed Use:		

* Proof of property ownership and proof of paid property taxes will be required.

Explanation for Request:

I, the undersigned, affirm that the foregoing answers, statements, and information and any attachments are in all respects true and correct to the best of my knowledge and belief. I understand that the Rezone Request applied for, if granted, is issued on the representations made herein and that any Rezone subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements. I understand that incomplete applications which also includes application fees will not be processed. Incomplete applications will be closed after 45 days, applicant will have to re-submit including all applicable fees. I, the undersigned, fully understand that acceptance and/or approval of this applicaton for Rezone does not confer approval by any other municipal entity. I, the undersigned, authorize the Zoning Administrator and any other person authorized by the Zoning Administrator, to enter onto the property subject to this permit hereon for the purpose of conducting inspections for compliance. Failure by the undersigned to permit such inspections shall result in the Rezone Application being denied. I hereby certify that the proposed rezone is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and agree to conform to all applicable laws of the State of Michigan. I understand that the Zoning Administrator may require that a survey be performed to verify information regarding the property and/or buildings and/or structures located on the parcel. I understand that incomplete applications, or applications that have been denied, will only be held open for 45 days. After 45 days, a new application will have to be submitted along with new application fees.

APPLICANT SIGNATURE	DATE
PROPERTY OWNER SIGNATURE	DATE

OFFICIAL USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denied
Zoning Administrator Signature		
Planning Commission Chair Signature		