

# Application for Zoning Amendment

City of East Tawas ♦ 760 Newman Street ♦ PO Box 672 ♦ East Tawas, Michigan 48730-0672  
phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall.etch@charterinternet.com ♦ www.easttawas.com

Applicant:	
Mailing Address:	
Phone:	Date of Application:

## TYPE OF REQUEST

amendment to Zoning Ordinance

Please include a detailed description of the request. The following information must be included:

- ✧ the section of the Zoning Ordinance affected
- ✧ the desired change and reasons for such change

amendment to Zoning Map

Please include a detailed description of the request. The following information must be included:

- ✧ a legal description of the property (ies) involved, including property codes
- ✧ a scaled map of the property (ies), correlated with the legal description and clearly showing the location of property (ies) involved
- ✧ the petitioner's interest in the property, and if the petitioner is not the owner, the name(s) and address(es) of the owner(s)
- ✧ the desired change and reasons for such change

Please refer to Article 15 of the Zoning Ordinance for a complete description of the procedures and information required to amend the Zoning Ordinance or Zoning Map.

## APPLICANT CERTIFICATION

By signing below, I certify that information provided within this application and accompanying documentation is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by the Office of the City Clerk

\_\_\_\_\_  
Date

Applicants will be responsible for any and all expenses incurred by the City for processing applications. This includes but is not limited to postage, copies, publications, professional fees, legal review and inspections.

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## PLANNING COMMISSION ACTION

Date of Public Hearing \_\_\_\_\_

Recommendation of Approval \_\_\_\_\_  
(signature of Planning Commission Chair and date)

Recommendation of Disapproval \_\_\_\_\_  
(signature of Planning Commission Chair and date)

## CITY COUNCIL ACTION

Date of Council Meeting \_\_\_\_\_

Recommendation of Approval \_\_\_\_\_  
(signature of Mayor and date)

Recommendation of Disapproval \_\_\_\_\_  
(signature of Mayor and date)

Effective Date of Amendment \_\_\_\_\_