

**RE-ZONING APPLICATION**

**Birch Run Township  
8425 Main Street  
P O Box 152  
Birch Run, MI. 48415  
(989) 624-9773/(989) 624-1177 fax**

**Date** \_\_\_\_\_

**Request#** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Developer: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parcel I D #:** \_\_\_\_\_

**Legal Description** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing Zoning Classification:** \_\_\_\_\_

**Proposed Zoning Classification:** \_\_\_\_\_

**Current Use of Property:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Use of Property:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of property owner (s).**

- \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_

Name of other firm(s), corporations, or person(s) having legal interest in this property:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Requirements for Re-zoning approvals are found in Article 7.  
Attachments: Required attachments as per Birch Run Township Ordinance, Section 7.03 (Procedures)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We certify that I/We are the sole owner(s) of this above described property and certify the aforementioned information is accurate and agree to the request for rezoning as presented.

\*\*\*\*\*

**Fees:**

**Application Fee: Administration & One (1) Re-Zoning Meeting: \$750.00**  
**Outside Consultant Escrow \$2500.00/\$5000.00 (a portion of this charge may be refundable or additional fees may be applicable). Please check with the Zoning Administrator on the applicable fees for your particular project.**

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_  Cash \_\_\_\_\_  Date \_\_\_\_\_

**Planning Commission Action:**

- **Schedule Public Hearing Date for:** \_\_\_\_\_

Signature Planning Commission Chair Person \_\_\_\_\_

Date \_\_\_\_\_