



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460

Telephone 616-399-6121 Fax 616-399-7173

www.portsheldontwp.org | info@portsheldontwp.org

ZONING AMENDMENT APPLICATION (RE-ZONING)

Submit at least 28 days prior to desired meeting to:

Port Sheldon Township

16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

Name of Applicant _____ Phone _____

Mailing Address of applicant _____

Applicants interest in property _____

Name of property owner _____ Phone _____

Permanent parcel number of property in question _____

Address of property in question _____

Current zone district classification of property _____

Proposed zoning _____

Size of existing and/or proposed parcel _____

Describe the nature and effect of your request _____

If there has been a previous request involving a zoning change on this parcel, please state the date of filing, the nature of the request and any action taken by the planning commission.

Signature of applicant/agent (circle one) and date

FILING FEE \$1,200.00 (+)*

*(Plus) fees for required engineering, planning or legal fees incurred by the township to offset township expenses. Applicant billed for any additional expenses. The township Supervisor would have the option of requiring an escrow account if deemed necessary. The applicant can appeal to the township board the plus fees that could be changed or waived by majority vote.

A site plan must accompany this application. A public hearing is required. It is important that the applicant or a representative be present at the meeting when this application is considered.