YATES TOWNSHIP ZONING REQUEST FORM

Note: Once the form is received, it will take at least 45 days to process it. The Zoning Administrator will contact you when we have a date for your meeting.

Planning Commission		Zoning Board of Appeals	
	Text Amendment to Ordinance		Variance
	Rezoning		Ordinance Interpretation
	Special Land Use		Administrative Appeal
	PUD		Other
	Site Plan Review		Township Board
	Subdivision/Land Division		Final Plat

Property/Application Description	
Address/Location of Subject Property	
Parcel # of Subject Property	
Current Zoning & Use of Subject Property	

Applicant Information			
Name		Organization/Company	
Address		City/State/Zip	
Phone (H)		Phone (W)	
Email		Fax	

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature		Date	

Applicant is the _____ Owner ____ Lessee ____Optionee ___ Representative

I hereby grant permission for members of the Township (Planning Commission) (Zoning Board of Appeals) (Township Board) (Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner		Date	

If the applicant is not the owner of the property, compete the following.

Owner's Name			
Address		City/State/Zip	
Phone		Signature	

The signature of the owner ism for the purposes of this application, permission for the applicant, if not the owner, to apply for the request which is the subject of this application.

Explanation of Request			
Proposed Use		Proposed Zoning	

Project Description (attach sheets as needed)

TO BE COMPLETED BY TOWNSHIP			
Date accepted		Application #	
Received by		Fee paid	