

**APPLICATION FOR REZONING**

**CITY OF OWOSSO**

301 W. Main Street, Owosso, Michigan 48867, MI 989-725-0535  
building@ci.owosso.mi.us

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1. *The applicant must completely fill in the application.*
  2. *Application fee is \$550.00 + \$5.00 per acre.*
  3. *The applicant or his/her representative must be present at the Planning Commission and City Council public hearings for action to be taken on this request.*
  4. *Application must be received by the end of the previous month before Planning Commission meeting. City Council will address the rezoning at the following Council Meeting after Planning Commission makes its recommendations for the rezoning.*
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**TO THE OWOSSO CITY COUNCIL:**

**I, (we), the undersigned, do hereby respectfully make application and petition the City Council to amend the Zoning Ordinance and change the zoning map as hereinafter requested,**

**1. PROPERTY TO BE REZONED:**

Address:

Description: (lot, block or metes and bounds)

Frontage in feet:

Depth in feet:

**2. PROPERTY OWNERSHIP:**

Name:

Address:

Phone Number:

E-mail:

**3. ZONING REQUEST:**

Current Zoning:

Requested Zoning:

**4. PROPOSED USE OF THE PROPERTY:**

Indicate why, in your opinion, the requested change is consistent with the ordinance in prompting and protecting the public health, safety, peace, morals, comfort, convenience and general welfare of the inhabitants of the city of Owosso:

*The above information has been submitted in support of the rezoning and is accurate and truthful to the best of our knowledge.*

Signature of Applicant:

Date:

LEGAL REPRESENTATIVE

OWNER

OPTION TO PURCHASE

**FOR OFFICIAL USE ONLY**

Case #	Planning Commission Hearing Date
Receipt #	Action Taken
Date Filed	City Council Hearing Date
Description Checked	Action Taken