

CITY OF MUNISING
REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE MAP (**Rezoning**)

Applicant _____

For Zoning Administrator Use Only

Street/Box _____

File # _____

City _____

Date _____

State/Zip _____

Receipt # _____

Daytime Phone _____

Hearing Date _____

Tax Code # _____

Fee Paid _____

Applicant's Interest in Property: _____

Complete Legal Description of Site: T ____ N, R ____ W, Section _____

Parcel Size: _____

Note: If more than one parcel is involved, or more than one zoning district is involved, the applicant must attach an accurate, scaled map showing each parcel and their current and proposed zoning districts.

Current Zoning District: _____

Proposed Zoning District: _____

Reason the Proposed Rezoning is Requested: _____

Date: _____ Signature: _____

I grant the Zoning Administrator permission to inspect the site and to take photographs prior to the hearing date.

Date: _____ Property Owner: _____

(Continued on Reverse)