

CITY OF MUNISING
REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE TEXT

Applicant _____

For Zoning Administrator Use Only

Street/Box _____

File # _____

City _____

Date _____

State/Zip _____

Receipt # _____

Daytime Phone _____

Hearing Date _____

Tax Code # _____

Fee Paid _____

Ordinance Section # _____

Current Language _____

Proposed Language _____

Rationale for Changes _____

ATTACH ADDITIONAL PAGES AS NEEDED

Date

Signature of applicant _____

(Continued on Reverse)