City of Melvindale
PLANNING COMMISSION
3100 OAKWOOD BOULEVARD
MELVINDALE, MICHIGAN 48122

APPLICATION FOR REZONING

APPLICANT'S NAME _____

MAILING ADDRESS _____ PHONE _____

ADDRESS AND LEGAL DESCRIPTION OF PROPERTY _____

_____

_____

PRESENT ZONING CLASSIFICATION _____

ZONING CLASSIFICATION REQUESTED _____

PURPOSE FOR REQUEST TO REZONE _____

_____

INFORMATION TO BE INCLUDED ON PLOT PLAN (ATTACHED):

1. Lot number
2. Size and shape of lot
3. Size and location of building
4. Parking area:
   - Dimensions
   - Number of stalls
   - Access
5. Street on which located
6. Adjacent buildings
   - Location
   - Use
7. Number of employees expected at peak

ARE YOU THE LEGAL OWNER OF PROPERTY? _____

IF NOT, STATE LEGAL OWNER'S NAME AND ADDRESS _____

_____

IS THIS A CONTINGENCY ZONING? _____ YES _____ NO IF YES, STATE CONTINGENCY

REQUIREMENTS: _____

_____

DATE: _____

_____
Petitioner's Signature

_____
Legal Owner's Signature

NOTE: Three (3) typewritten copies of this application should be submitted to the Planning Commission at least thirty (30) days prior to the regular meeting at which it is to be considered. The application must be accompanied by four (4) copies of a plot plan of the property to be rezoned and a deposit in the amount of $260.00 ($250.00 Application Fee plus $10.00 Administrative Fee.)