CITY OF WAYLAND

103 S. Main St., Wayland, MI 49348 PHONE: 269-792-2265 FAX: 269-792-0387

APPLICATION FOR RE-ZONING

	ficial Use Only eceived:	Received \$300 Fee: Received By:
1.	Name of Applica Address: City/State/Zip:	nt:
	Phone:	Office: Home:
		Fax: Email:
		Date:Signature:
2.	Property Owner	or authorized agent (if other than the applicant):
		Date:Signature:
propert authoriz conside	y and the authorize zes City officials a ration of approval d pertaining to this	nature certifies a formal request and an authorization by an individual having a legal interest in the subject ation of review activities by the City of Wayland. It further authorizes public notification of the request and nd its designees to visit and visually inspect the subject property for the purpose of site analysis prior to of the application and, during and upon completion of any construction or other activity governed by the application. Inimum fee of \$300.00 must be paid when this completed and signed application form is submitted.
3.	Permanent parc	el number and legal description (attach additional sheet, if necessary):
4.5.6.	address has not Current Zoning Size of subject p	roperty (acreage, dimensions, etc.)
7.	Indicate any res	trictions that encumber the property; if none, state "none":
8.	State present us	e of property and any improvements:
9.	Describe the pro	posed use and its associated activites:
10.	Describe the nat	ure of the requested re-zoning and the Zoning Ordinance Section relating to it:
11.	Does a site plan	accompany the application? Yes No
12.	It is hereby requ	ested that the foregoing described property be re-zoned from to