



Community Development Department
 2074 Aurelius Rd, Holt MI 48842
 P: 517-694-8281 • FAX: 517-694-1289
 delhitownshipmi.gov

PLANNING & ZONING

PETITION FOR CHANGE OF ZONE

DATE STAMP

1) PROPERTY OWNER INFORMATION

Owner Name:			
Address:	City:	State:	Zip:
Phone:	Email:	Fax:	
Applicant Name:			
Address:	City:	State:	Zip:
Phone:	Email:	Fax:	

2) PROPERTY INFORMATION

a) The undersigned applicant does hereby petition to change the zoning on the following legally described property:

Property Address:	Parcel #:
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b) The applicant requests that the Delhi Charter Township Zoning Ordinance be amended to reclassify this property from zone _____ to zone _____ to permit the following:

c) Said property has the following deed restrictions or easements (if any) affecting the use thereof:

d) A plot plan of this property, showing both existing zone boundaries and those proposed, is hereto attached and made a part of this petition.

AFFIDAVIT

The undersigned says that he/she is the owner of the property (or has submitted certification that he/she is an authorized agent for the owner) involved in this petition, and that the foregoing answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her knowledge and belief. The petitioner understands that in order for action to be taken on this rezoning request, the petitioner or his agent must be present at all meetings wherein this petition is to be considered.

Property Owner's Signature (or authorized agent)

Print Name

Date

FOR OFFICE USE ONLY

CASE#

FEE: _____

Receipt #:

Date Received: