

**ALAMO TOWNSHIP
7901 North 6th Street
Kalamazoo, MI 49009**

APPLICATION

REZONING

TO: Secretary, Planning Commission
DATE: _____
FEE: \$500.00

Instructions: Please file 10 sets of the completed Application (including all supplemental documents). If additional space is needed for any of the questions please note "see attached" on the application and clearly label each supplemental response with the question number for which the response is being continued.

I. List the complete name, address and telephone number for all applicants.

Name	Street Address	City, State, Zip Code	Telephone

II. List all parcel identification numbers, current zoning and complete addresses for all property included in the request for rezoning.

Parcel number (current zoning)	Street Address	City	Zip Code

III. List the complete name, address and telephone number of the property owners, if different than the applicants'. Property owners must sign the application.

Name	Street Address	City, State, Zip Code	Telephone

IV. Reason for the rezoning request:

V. The legal description(s) of the property for which rezoning is requested:

VI. Applicant's interest (ownership or otherwise) in the above described property as of the date of application. (Attach a copy of the contract with the owners' for the parcels listed labeled as Exhibit 1.)

VII. Site Plan (Attach labeled as Exhibit 2.)

VIII. Signatures (Include all listed in Sections I and III.)

Date: _____
Applicant signature

Date: _____
Applicant signature

Date: _____
Applicant signature

Date: _____
Owner (if different than Applicant) signature

Date: _____
Owner (if different than Applicant) signature

Date: _____
Owner (if different than Applicant) signature