

Dates: Rec: \_\_\_\_\_ Ret: \_\_\_\_\_ ZA App: \_\_\_\_\_ Sec App: \_\_\_\_\_ Hearing: \_\_\_\_\_  
Application Fee Paid: \$ \_\_\_\_\_  
Check or Receipt No.: \_\_\_\_\_

## ZONING AMENDMENT APPLICATION

Name of Applicant: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Alt. Phone No.: \_\_\_\_\_  
\_\_\_\_\_

Property Address if different than above: \_\_\_\_\_

Please be specific when completing the following sections of the application by including page numbers, Chapters, Sections, and Subsections when necessary to identify the items you are requesting be changed. Please provide the exact wording for the proposed changes. If you are suggesting a section or chapter be added please identify where this should be inserted. Please attach additional pages if necessary.

I am requesting the following changes to the Algansee Township Zoning Ordinance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed explanation as why these changes should be made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed explanation of the benefits to the township should these changes be made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide ten (10) copies of the application and attachments to the zoning administrator. All applicants (or their designee) are required to attend all public hearings and meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply and file a new application. The cost is \$250 plus additional costs that may occur.

I hereby certify that all the information submitted on this form and attached with this application are true to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_

Signature of Deed Holder (If not applicant): \_\_\_\_\_

Subscribed and sworn to before me Signature: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ Name of Notary: \_\_\_\_\_

County: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_