

CHARTER TOWNSHIP OF COMSTOCK

Agenda Item



Rezoning Application To The Township Planning Commission

Applicant: _____
(Please Print)

Address: _____

Email Address: _____

City: _____ State _____ Zip: _____

Contact Name: _____

Phone: (_____) _____ Fax: (_____) _____

Legal Owner of Property (if different from above):

Name/Contact: _____

Address: _____

Email Address: _____

City: _____ State _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Owner has consented to this application: (____) Yes (____) No

Intended Use of Property: _____

I grant permission for Township Officials to walk the site:

Access: (____) Yes (____) No

I (We) or a representative of my (our) behalf will attend the hearing to provide information and answer questions. It is understood the meeting will be open to all interested persons.

Fee: \$ 500.00 w/o LUP Amendment (Ck # _____)

\$1,000.00 with LUP Amendment (Ck # _____)

Amount Paid (Circle one)

Township Official Handling Payment: _____

Official Initials

Applicant Signature

Date

Property Address or Approximate Location:

Tax ID Number/Parcel Number:

3907 - _____ - _____ - _____

**ATTACH A COPY OF THE LEGAL
DESCRIPTION OF THE PROPERTY**

**** DESCRIPTION MUST BE EXACT ****

ZONING: (check applicable)

Current	Proposed	Code	Description
<input type="checkbox"/>	<input type="checkbox"/>	AGR	Agriculture-Residential
<input type="checkbox"/>	<input type="checkbox"/>	A.H.	Agriculture-Horticulture
<input type="checkbox"/>	<input type="checkbox"/>	R1-A	Single Family Residential
<input type="checkbox"/>	<input type="checkbox"/>	R1-B	Single Family Residential
<input type="checkbox"/>	<input type="checkbox"/>	R1-C	Cluster Housing
<input type="checkbox"/>	<input type="checkbox"/>	RM	Multi-Family Residential
<input type="checkbox"/>	<input type="checkbox"/>	RSM	Senior Citizen Housing
<input type="checkbox"/>	<input type="checkbox"/>	RMH	Mobile Home Park
<input type="checkbox"/>	<input type="checkbox"/>	O-1	Office
<input type="checkbox"/>	<input type="checkbox"/>	B-1	Neighborhood Business
<input type="checkbox"/>	<input type="checkbox"/>	B-2	Community Business
<input type="checkbox"/>	<input type="checkbox"/>	B-3	General Business
<input type="checkbox"/>	<input type="checkbox"/>	LM	Light Manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	LD	Restricted Industrial
<input type="checkbox"/>	<input type="checkbox"/>	M	Manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	OW	Open Wetlands

THIS SECTION TO BE COMPLETED BY A TOWNSHIP OFFICIAL

Public Hearing Date: _____

Current Land Use Plan Classification: _____

Change Required: (____) Yes (____) No **If Applicable, Change to:** _____

The Planning Commission meets at the Township office at 7:00 p.m. each 2nd and 4th Thursday, January through October and each 1st and 3rd Thursday of November and December.