



**REZONING APPLICATION
Planning Commission
City of Zeeland**

Community Development Department

21 S ELM ST - ZEELAND, MI 49464
Phone 616-772-0872 - Fax 616-772-0880
buildinginspector@cityofzeeland.com
www.cityofzeeland.com

Received by _____ Date _____ \$350 Fee _____ Check No _____

The City of Zeeland will not discriminate against any individual or group because of race, sex, religion, age, nation origin, color, marital status, handicap or political belief.

Please submit this application with related documents at least 30 days prior to the requested Planning Commission meeting (usually 1st Thursday of the month). Please note that additional fees for professional services may be incurred and billed to you if necessary. The applicant or a representative is required to present the application at the Planning Commission meeting.

I. PROPERTY INFORMATION

Property address	Parcel number 70-		
Property size (acres)	Frontage	Depth	
Current zoning	Requested zoning		
Adjacent zoning North _____ South _____ East _____ West _____			
Master Plan Land Use	Is request consistent with Master Plan Land Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposed use of property			

II. CONTACT INFORMATION

Property owner	Contact		
Phone	Email		
Applicant	Company		
Address	City	State	Zip
Phone	Email		
Applicant's interest in property			

III. SIGNATURES

The undersigned hereby certifies that the information given in the application and supplementary materials is true and correct to the best of their knowledge. It is also understood that any information requested, and not included with the application, as well as major revisions and/or additional reviews could delay placement on the agenda or action by the Planning Commission.	
SIGNATURE OF APPLICANT: _____	Date: _____
Signature of property owner (if other than applicant)	
SIGNATURE OF OWNER: _____	Date: _____