

Application Fee: \$200.00
Date Paid: _____
Received By: _____
(Make check payable to : City of Sault Ste. Marie)



City of Sault Ste. Marie, Michigan

**APPLICATION FOR
REZONING**

This application and the required attachments (see below) must be submitted to the City Clerk at least three (3) weeks prior to the scheduled Planning Commission meeting. If the property to be rezoned is owned by parties other than or in addition to the applicant, then a majority of the subject property owners must sign the application as co-applicants.

NAME OF APPLICANT: * _____

ADDRESS: _____

PHONE: _____

PROPERTY DESCRIPTION: _____

REQUESTED ACTION: ZONING DISTRICT CHANGE

FROM: EXISTING ZONING DISTRICT _____

TO: PROPOSED NEW DISTRICT _____

REASON FOR THE REZONING: _____

REQUIRED ATTACHMENTS:

COPIES OF DEEDS OF OR OTHER PROOF OF APPLICANT (AND CO-APPLICANTS) OWNERSHIP OF A MAJORITY OF THE PROPERTY PROPOSED TO BE REZONED. NOTE: PROPERTY TAX RECORDS ARE NOT CONSIDERED PROOF OF OWNERSHIP.

SIGNATURE

DATE

* IF THERE ARE CO-APPLICANTS, PLEASE LIST AND SIGN BELOW:

NAME

SIGNATURE

