



7110 West Q Ave  
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Case # \_\_\_\_\_

## ZONING CHANGE APPLICATION PLANNING COMMISSION

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Owner of Property \_\_\_\_\_

Owners Mailing Address \_\_\_\_\_

Parcel No. \_\_\_\_\_ Legal Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Zoning \_\_\_\_\_

Zoning Change Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true to the best of my knowledge and belief. I also grant permission to the members of the Planning Commission and any other Township official or representative to enter and inspect the property for purposes related to this application.

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

\_\_\_\_\_  
Signature of Owner

### **IMPORTANT FILING INSTRUCTIONS**

***Applications and fee must be received 28 days preceding a regularly scheduled meeting of the Planning Commission for publication.***

<b>OFFICE USE ONLY</b>
Date Received: _____ By: _____ Amount Paid: \$ _____