



ZONING CHANGE APPLICATION (REZONING) PLANNING COMMISSION

APPLICATION FORM

Please review the [Texas Township Zoning Ordinances](#) that pertain to your project prior to submission of your application.

PROPERTY INFORMATION

Subject Parcel Street Address: _____

Subject Parcel Number: 3909- _____ - _____ - _____

Area of Subject Property: Acres: _____ - OR - Square Feet: _____

Current Zoning District: _____

Future Land Use Designation: _____

Current Use of Property: _____

Legal Description (per deed of record Kal. Co. Register of Deeds): **Please attach.**

ZONE CHANGE INFORMATION

Requested Zoning District: _____

Describe how the zoning change is consistent with the Future Land Use Plan for the Township:

Describe why the present zoning district is no longer appropriate, and the proposed district is more compatible with surrounding uses and zoning:



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7227 West Q Ave
Kalamazoo, MI 49009
P: 269-548-4305
www.texas-township.org

APPLICANT INFORMATION (Identify the person or organization requesting the special exception use.)

Applicant Name: _____

Organization: _____

Email: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Applicant Interest: Property Owner Purchaser by Option of Purchase Agreement
 Lessee/Tenant Purchaser by Land Contract

LEGAL OWNER INFORMATION Check here if the applicant is also the property owner.

Legal Owner of Parcel: _____

Legal Owner's Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

REPRESENTATIVE INFORMATION

Representative Name: _____

Organization: _____

Email: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

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I (we), the undersigned do hereby submit one packet that includes: completed and signed application, any supporting documentation, review fee, and escrow for the purpose of obtaining a rezoning review from the Planning Commission. In making this application,

In making this application, I (we) acknowledge that the Planning Commission will review this rezoning application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any Texas Township official or representative to enter and inspect the subject property for purposes related to this application.

Signature of Legal Property Owner: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____

Office Use Only:

Date Received: _____ **Time:** _____ **Received By:** _____

App Fee Paid: \$700.00 **Check #:** _____ **Escrow Fee Paid:** \$1,000.00 **Check #:** _____

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