



4980 Shattuck Road, Saginaw, MI 48603  
(989) 791-9865 Fax: (989) 791-9859

**APPLICATION FOR  
REZONING/TEXT AMENDMENT  
(FEE \$350.00)**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Owner (If Different Than Applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

\*\*\*\*\*

**Request for Change of Zoning:**

Property Address: \_\_\_\_\_

Legal Description: (Provide the legal description Of the property affected - If additional space is needed, please attach on a separate sheet to this application:

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

Proposed Zoning Change: From: \_\_\_\_\_ to \_\_\_\_\_

\*\*\*\*\*

(Over)

**Rezoning/Text Amendment Application**  
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**Request for Text Amendment:**

Zoning Ordinance Section: \_\_\_\_\_

Proposed Language:

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

**This application must be filled out completely and returned to the Community Development Department no less than thirty (30) days prior to a scheduled Planning Commission hearing.**

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Office Use Only:

Date Filed: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Case Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_