

**CITY OF FLUSHING
APPLICATION FOR REZONING**

Date Received: _____

Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name and address of every other person, firm or corporation having a legal or equitable interest in the land:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

(If there are other owners, please attach names & addresses)

1. I (we) hereby petition the City Council to rezone the below described property from _____ to _____ . Address: _____, Michigan, being legally described as (include SPID-number) 55- _____

2. General Location: _____ and _____
(nearest crossroads or intersections)

3. Initial submittal requires 6 copies of a fully dimensioned map at a scale of not less than 1" equals 100' identifying the land which would be affected by the rezoning classification of all abutting land within 300', and all public and private rights-of-way, and easements bounding and intersecting the land under consideration. Additional forms and information will be requested prior to setting date for Planning Commission meeting.

4. State reasons for rezoning: (state proposed use, buildings to be constructed, remodel, etc., or other circumstances):

5. Construction will start about _____, _____

Estimated value of total construction: _____

6. I (we) propose the following methods of water supply, sewage disposal, and storm drainage: _____

7. I (we) recognize that review costs will be charged in accordance with City Ordinance No. 153.

Signed: _____

(Titleholder or legal representative)

TO BE COMPLETED BY CITY

Date received at City Hall: _____ Fee Received: _____ Receipt No.: _____

Tentative Date for Planning Commission Public Hearing: _____ Tentative Date for City Council Public Hearing: _____

Tentative Date to Schedule City Council Public Hearing: _____ Tentative Date of Action by City Council: _____

Note: Meeting dates are subject to change.

By: _____