

Application for Map Amendment (Rezoning)

Requires a public hearing before the Planning Commission and City Council Approval.

\$500.00 fee required with application submittal.

APPLICANT

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Email: _____

PROPERTY OWNER *Same as applicant*

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Email: _____

PROPERTY SUBJECT TO REZONING REQUEST

Property Identification #: _____
 Address: _____
 City: **Jackson** State: **MI** Zip: _____
 Nearest Intersection: _____

ADJACENT PROPERTY ZONING AND USE

NORTH – _____ Zoning _____ Use _____
SOUTH – _____ Zoning _____ Use _____
EAST – _____ Zoning _____ Use _____
WEST – _____ Zoning _____ Use _____

Current Zoning Designation: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2

Current Use: Residential Commercial Industrial Mixed

Proposed Zoning Designation: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2

Proposed Use: Residential Commercial Industrial Mixed

Reason for Request: _____

I hereby attest that I/we have read and understand the application form, that the information submitted is true and accurate, and agree to all the terms, conditions, and other City of Jackson Code requirements. Furthermore, I/we understand all map amendment applications are subject to the procedures of zoning ordinance Section 28-183.

 Signature of Applicant

 Date

 Signature of Owner

(If different from applicant)

 Date

If the owner cannot sign this form, the applicant shall submit a letter of consent from the property owner with this application.

OFFICE USE ONLY	
CASE: _____	Application Accepted By: _____
Materials Submitted with Application: <input type="checkbox"/> Plans <input type="checkbox"/> Other _____	
Total Pages Submitted: _____	Amount of Fee Paid: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____