OTSEGO COUNTY LAND USE SERVICES

225 W MAIN ST
GAYLORD MI 49735
PHONE: 989.731.7400 * FAX: 989.731.7419
www.otsegocountymi.gov

REQUEST TO REZONE APPLICATION

APPLICANT INFORMATION: ☐ ☐ ☐

Name:	**Owner/Agent/Other** *(Circle One)*
Address:	
Phone:	**Fax:**

PROPERTY OWNER INFORMATION: ***(If Different from Applicant)***

Name:	
Address:	
Phone:	**Fax:**

PROPERTY INFORMATION:

Address:		
Parcel Number: - - - -		
Acres:	**Current Zoning District:**	**Current Use:**
Requested Zoning:	**Future Land Use Designation:**	

ATTACHMENTS: *Please submit the following items with the application*

- A Site Plan drawn to scale showing the following:
  - the entire parcel to be rezoned
  - adjacent roads and/or easements
  - existing and proposed curb cuts
  - existing improvements
  - existing and proposed utilities
  - adjacent uses and zoning districts
  - any unique natural features such as lakes, rivers, streams, wetlands, steep slopes…
- A copy of the deed(s) and an accurate legal description(s) of the parcel(s) to be rezoned.
- A statement of the consistency of the proposed rezone with the existing and future surrounding land uses and the anticipated impacts to the surrounding area with specific regard to traffic, infrastructure, environment, noise, public safety and visual considerations.

Signature of Applicant:	**Date:**
Signature of Owner: ***(If Different from Applicant)***	**Date:**

*****Optional:*** I hereby grant permission for members of the Township Planning Commission, Township Board, Otsego County Planning Commission and Zoning Administrator to enter the above described property for the purposes of gathering information related to the application.
*****Note to Applicant:*** This permission is optional and failure to grant permission will not affect any decision on the applicant.

Signature of Property Owner:	**Date:**

******OFFICE USE ONLY******

Date Application Received:	**Permit No:**	**Fee:**	**Receipt Number:**