APPLICATION FOR REZONING

Revised 1-1-25

TO: THE CRYSTAL FALLS TOWNSHIP PLANNING COMMISSION,
ZONING BOARD, AND THE
CRYSTAL FALLS TOWNSHIP BOARD

I (we) the undersigned, do hereby, respectfully make application to and petition the Crystal Falls Township Board to amend the Crystal Falls Township Zoning Ordinance adopted November 12,2008 and change the zoning map of the Township of Crystal Falls as herein-after requested, and in support of this application, the following facts are shown:

1. The property sought to be rezoned is located and described as follows:

_____
_____

2. The property sought to be rezoned is owned by:

_____
_____

3. It is desired and requested that the foregoing property be rezoned from:

_____District to: _____District.

The Applicant grants permission for the Members of the Crystal Falls Township Planning Commission/Zoning Board and the Zoning Administrator to enter upon the Property for viewing. The Applicant has done the following: 1) provided a map illustrating all necessary directions to locate the property. 2) Provided access to gain entry to the property through any gate or barrier to the property.

Note: ALL individuals associated with property ownership must complete the following line items:

Printed Name of Property Owner:_____
Signature of Property Owner: _____
Address: _____
Date: _____
Phone: _____
Printed Name of Property Owner:_____

Signature of Property Owner: _____
Address: _____
Date: _____
Phone: _____

Printed Name of Property Owner:_____
Signature of Property Owner: _____
Address: _____
Date: _____
Phone: _____

Printed Name of Property Owner:_____
Signature of Property Owner: _____
Address: _____
Date: _____
Phone: _____

When completed send the respective information with $600.00 Application Fee to:
Crystal Falls Township Zoning Administrator
1384 West US-2, PO Box 329
Crystal Falls, Michigan 49920

*****Checks should be made payable to “Crystal Falls Township”.