



"Heart of the Lakes"

**City of Keego Harbor
Application for
Rezoning**

| | |
|------------|---------|
| CASE NO. | _____ |
| DATE FILED | _____ |
| FEE | \$_____ |
| ESCROW | \$_____ |

APPLICANT

Name Title

Company

Address

City State Zip Code

Telephone

PROPERTY OWNER (ATTACH PROOF OF OWNERSHIP: DEED, OPTION, LAND CONTRACT, ETC.)

Name Title

Company

Address

City State Zip Code

Telephone

REZONING REQUEST

The applicant is requesting that the property described in this application be rezoned:

From: _____
Zoning District

To: _____
Zoning District

PROPOSED USE

The proposed use for the property to be rezoned is:

PROPOSED STRUCTURES

The following structure(s) are proposed for the property:

DESCRIPTION OF PROPERTY

Address(es) of property (if applicable)

Sidwell Number(s)

Legal Description of Property (attach additional sheet(s) if necessary)

PLOT PLAN

Attached hereto and made a part of this application and petition are copies of a plot plan showing the subject property and the intended layout drawn in accordance with the requirements of the Zoning Ordinance and other applicable ordinances of the City of Keego Harbor.

I the undersigned do hereby make application and petition for review of a use subject to special conditions pursuant to the Zoning Ordinance of the City of Keego Harbor.

I also understand that not only is the fee **non-refundable**, but if the City's cost is more than the fee collected, **I am responsible for paying the difference to the City within thirty days of notice.**

Signature of Applicant Date

STATE OF MICHIGAN
OAKLAND COUNTY

On this ____ day of _____, 20____, before me personally appeared the above name person, who being duly sworn, says that he/she has read the foregoing application for Rezoning, by him/her signed, and knows the contents thereof, and that the same is true of his/her own knowledge.

My Commission Expires Notary Public, Oakland County, Michigan

I the undersigned, do hereby attest that I am the owner of the property that is the subject of this application and petition for rezoning and authorize said application and petition.

Signature of Applicant Date

STATE OF MICHIGAN
OAKLAND COUNTY

On this ____ day of _____, 20____, before me personally appeared the above name person, who being duly sworn, says that he/she has read the foregoing application for Rezoning, by him/her signed, and knows the contents thereof, and that the same is true of his/her own knowledge.

My Commission Expires Notary Public, Oakland County, Michigan