

CITY OF ST. JOSEPH ZONING APPLICATION

Application For

- Rezoning
- Special Land Use
- Site Plan Review
- Variance
- Other _____

CITY OF ST. JOSEPH

700 Broad St., St. Joseph, MI 49085-1206

Phone 269-983-1212 Fax 269-985-0347

This application will not be accepted if incomplete. All required materials must be Submitted at least 20 days prior to the next Planning Commission meeting and 15 days To the next Board of Appeals meeting.

APPLICANT INFORMATION(If different than owner)

Name _____
Phone _____ Fax _____
Address _____ Email _____

OWNER INFORMATION

Name _____
Phone _____ Fax _____
Address _____ Email _____

PROPERTY INFORMATION

Address or Location _____
Permanent Parcel # _____
Zone District (Current) _____
Property Size _____

DESCRIPTION OF PROPOSED USE/REQUEST (use other side or attach additional pages)

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant

Date

I hereby grant permission for members of the CITY OF ST. JOSEPH (Planning Commission) (Board of Appeals) (City Commission) (Zoning Administrator) (Building Official) to enter above described property (or as described in the attached) for the purposes of gathering information related to this application.

(Note to Applicant: This is optional and will not affect any decision on your application)

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Date Received _____

Application Fee Paid _____

Submitted Materials Site Plan

Application

Legal Description

Application Accepted by _____

Date Accepted _____