

Leighton Township

Allegan County, Michigan

APPLICATION FOR ZONING CHANGE, VARIANCE, OR SPECIAL USE PERMIT

Purpose of this application (check one): Rezoning Variance Special Use Permit

NOTE: Required Fee must be paid when completed form is submitted.

Name: _____

Address: _____ City/State: _____, _____

Zip: _____ Phone: (day) _____ (evening) _____

Permanent parcel numbers of all affected property. This number will begin with the numbers 0313- for all property in Leighton Township:

Legal Description of Property. Attach additional sheet if needed.

Section Number of property: _____ Present Zoning of Property: _____

Describe the nature of the change, variance or special use requested:

State reasons for the request: _____

Official use only

Rec'd by Zoning Dept. _____

Forwarded to Planning Com. _____

/ZBA: _____

Fee Paid: _____

Escrow amount: _____

Expenses paid: _____

Note: The total fee for the review and decision will consist of the application fee plus any township expenditures directly attributed to the review which exceeds the application fee amount. Establishment of an escrow account in the amount determined by the Township to approximate the anticipated direct costs will be required prior to initiation of the review process. Payment of all outstanding expenditures will be required prior to any final authorizations or the issuance of permits.

Attach a legal survey and sketch and additional narrative of the proposal, as appropriate. It is in your best interest to provide as much relevant information as possible to document your position. In some instances this may necessitate the use of professional and /or legal assistance.

I hereby state that all information above and attached is complete and accurate: _____
Applicant Signature

NOTE: The above signature(s) authorize commencement of review activities by the Township of Leighton. It further authorizes that Township officials and its designees may visit, examine and photograph the subject property for the purpose of on-site analysis and/or inspection prior to making approving or denying the application and/or prior to, during and upon completion of construction or other activity governed by the township and pertaining to this application.

ACTION TAKEN

Approved: Denied: Signature: _____ Dated: _____

Comments: _____