

CATO TOWNSHIP

309 Lincoln Ave, Lakeview, MI 48850

APPLICATION DATE: _____

Application fee: \$ _____

Zoning Amendment Application

I. Personal Information.

Applicant Information

Name: _____
First _____ Middle _____ Last _____

Address: _____

Telephone Number: _____ **Email Address:** _____

Interest in Subject Property: _____

Owner Information (If different from applicant)

Name: _____
First _____ Middle _____ Last _____

Address: _____

Telephone Number: _____ **Email Address:** _____

Interest in Subject Property: _____

II. Property Information.

Property Information

Address of Property: _____

Parcel Number: _____

Legal Description of the Property: (May be attached to application)

Zoning Classification: _____

Present Use of Property: _____

III. Zoning Amendment.

Type of Zoning Amendment (*text or map*): _____

Section of Township Zoning Ordinance involved: _____

Describe Reason for Request (for Text Amendment, attach proposed amendment):

For Map Amendment, proposed Zoning Classification:

IV. Signatures: I certify that all statements made above and in attached documents submitted to Cato Township related to this application are true and accurate to the best of my knowledge and that if found to be in error, any decision of the Township based upon the contents of this application may be void.

Applicant: _____

Name: _____

Date: _____

Owner: (If applicable) _____

Name: _____

Date: _____