WINDSOR CHARTER TOWNSHIP APPLICATION FOR A CHANGE OF ZONING

In accordance with Article IX, Section 9.3 of the Windsor Charter Township Zoning Ordinance, this application is a request to amend the Zoning Ordinance and Zoning District Map by changing the zoning of the property located at: ADDRESS OF PROPERTY: LEGAL DESCRIPTION: TAX PARCEL NUMBER: **APPLICANT** (If the applicant is not the owner, the applicant must also document the right to apply. If the applicant is a business, please give the business name and a contact person.) Name: _____ Phone: Contact Person: Fax: _____ Address: E mail: Pager: PROPERTY OWNER Contact Person: Fax: _____ Address: E mail: Pager: **INTEREST IN PROPERTY:** ___Owner ___ Representing Owner ___ Option to Buy ___ Lessee ___ Other (specify):_____ **SITE STATISTICS:** Current Zoning of Property_____ Proposed Zoning of Property_____ Lot Dimensions ft. x ft. Current Use _____ Non-Conforming Use? ___ Yes ___ No Lot Area <u>acres</u> sq.ft. Located in a flood plain? ___ Yes ___ No Public or Private Street Frontage <u>ft.</u> Describe in detail your proposal for the property (use a separate page if necessary):

f the property is currently dev	eloped, describe the	mature of the use (use a separa	te page ii necessary).
		Duonagad Dagidantial C	haraataristies†
Proposed Non-residential Characteristics†		Proposed Residential Characteristics† Number of single-family units	
Number of Employees			
Number of off-street parking spaces Hours of operation		•	
Days of operation			
The applicant shall also provide	any other information	that is available or requested.	
s this request in conformance	with the Comprehen	sive Development Plan?	Yes No
The following shall be submitted A conceptual site plan drawn to			
(The plan shall show all existing)
Flood plain information (if appli			
A non-refundable filing fee as es	stablished by the Board	d of Trustees.	
Appl For further informat	ications not fully con	with the Windsor Charter To npleted will not be processed. ease contact the Windsor Tow e, MI 48821 (517) 646-	nship Clerk at:
Applicant's Signature		Printed Name of Applicant	
	FOR OFFI	CE USE ONLY	
File Number	Date Filed	Check Number	Amount
NOTES:			