LaGrange Township, Cass County

Application for Rezoning

GENERAL INFORMATION

FOR OFFICE USE

Applicant's Name _____

Filing Date _____

Address _____

Fee Paid _____

City-State-Zip _____

Received By _____

Phone/Fax _____

Owner's Name _____

(if different then applicant's name shown above)

Address _____

City-State-Zip _____

SPECIFIC PARCEL INFORMATION

Address of property for which rezoning is requested: _____

_____

Property Tax Identification Number 14-040- _____ - _____ - _____

Present Zoning Classification: _____

(Prime Ag / General Ag / Single Family Residential / Medium Density Residential / Lake Residential / Commercial / Industrial)

Proposed Zoning Classification: _____

THE FOLLOWING ARE ITEMS REQUIRED FOR SUBMISSION

1. Filing fee of $250.00 payable to LaGrange Township.
2. Legal description of property including area in square feet.
3. Proof of ownership or legal interest.
4. A letter outlining the reason for requesting the zoning change and the future land use plan for the property.

File application and application fee with the Township Zoning Administrator:
Steven Allen
301 N. 2nd St., Cassopolis, MI 49031
(269) 479-2387
steven1500@myyahoo.com