

VILLAGE OF FOWLER, MICHIGAN
REZONING APPLICATION

APPLICANT: _____
ADDRESS: _____
TELE: _____
EMAIL: _____

SUBJECT PROPERTY ADDRESS: _____

PARCEL NUMBER: _____

EXISTING ZONING DISTRICT: **R-1 Single Family** ____
 R-2 Single, Two and Multiple Family ____
 C-1 Central Business ____
 C-2 General Commercial ____
 I Industrial ____
 PUD Planned Unit Development ____

PROPOSED ZONING DISTRICT: _____

PROPOSED USE: _____

REASON FOR REZONING APPLICATION:

SIGNATURE(S):

APPLICANT:

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT):

DATE: _____

NOTE: PLEASE ATTACH ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE FURTHER EXPLAINS YOUR REQUEST.