Arlington Township

Application for the Rezoning of Property

Date: _____ **Fee: $700.00**

Owner/Applicant Name: _____

Address: _____

Phone Number: _____ Email: _____

Parcel ID # of the property requesting zoning district change: 80-03-_____

Address of Property in question: _____

Please attach a copy of Legal Description of the Property.

Current Zoning District of Property:_____ Requested Zoning District:_____

Describe reason for requested change: _____

Is the rezoning request consistent with the Township Land Use Plan? _____

Names and addresses of all parties having interest in the property: _____

_____

A check for the fee noted above payable to: Arlington Township must accompany the application for the request to be published and put on the agenda for the next scheduled meeting. Meetings are held quarterly.

If a special meeting is requested the Fee is $1100.00. This process takes roughly 20 days.

I understand that if the zoning change to this property is granted, I (We) are in no way relieved of all other applicable requirements of the Arlington Township Zoning Ordinance.
These may include approval of site plans and/or special use permits.

Signature of Owner Applicant: _____

OFFICIAL USE: _____DO NOT WRITE BELOW THIS LINE_____

Date Received: _____ Received By: _____ Fee Paid: _____

Date and Time of Hearing: _____ Action taken by the Planning Commission:

Approved: _____ Denied: _____ Tabled: _____

Date of publication of hearing notice: _____ Date of Mailings: _____

Township Board: Approved: _____ Denied: _____ Tabled: _____