

City of Perry

*203 W. Polly St.
Perry, MI 48872*



www.perry.mi.us

*Phone: (517) 625-6155
Fax: (517) 625-6157
Hearing Impaired: 711*

REZONING PETITION APPLICATION

1. Contact Information

Applicant Name _____
Property Owner (if different than applicant) _____
Address _____
City/State/Zip _____
Phone _____
Email _____

2. Property Information

Property Street Address _____
Permanent Parcel Number _____
Existing Zoning District _____
Area _____ Width _____ Depth _____
Zoning District of Adjacent Properties to the:
North _____ South _____ East _____ West _____
Existing Use of Property _____
Existing Structures on Property (Include height and area) _____
Requested Zoning District _____

3. Property Sketch

Please attach a sketch or plan, including the following information:

- Sketch Plan Titles (Including applicant's name and contact information)
- North Arrow and Scale
- Existing lot lines, building lines, structures, parking areas, driveways, and easements
- Signed and dated by petitioner

Rev. 3-12-18

4. Reason for Request

If more space is needed, an additional page may be attached to the application.

5. Affidavit

The undersigned hereby swears that the information given herein is true and correct and gives permission for the City of Perry officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

Signature of Petitioner

Date

Signature of Property Owner (if different)

Date

FOR CITY OF PERRY USE ONLY:

Application No. _____

Applicant Name: _____

Fee: _____

Payment Method: _____

Received By: _____

Date: _____

Time: _____

VERIFICATION BY ZONING ADMINISTRATOR

The application is complete and all required materials have been submitted:

Yes

No

Signature: _____

Date: _____

Rev. 3-12-18