



VILLAGE OF NEW HAVEN

57775 Main Street • P.O. Box 480429

New Haven, MI 48048-0429

Phone (586) 749-5301 Ext. 214

Fax (586) 749-3408

PETITION FOR REZONING

APPLICANT NAME _____

ADDRESS _____

PHONE _____

Legal Description of Property: (Use separate sheet if necessary) _____

Common Description of Property or Address : _____

Sidewell or Tax ID Number: _____ Land Area Gross/Net: _____

Property Frontage: _____ Property Depth: _____

Present Zoning: _____ Zoning Requested: _____

Proposed Use of Land: _____

Are You The Sole Legal Owner? _____ If Not, State Interest: _____

Owner's Name and Address: _____

Authorization of Land Owner(s)

All persons having interest in the subject property must sign to authorize the filing of this application.

Name

Type of Interest

Address

Signature

Any additional costs incurred by the Village, above and beyond the original application deposit, shall be paid by the applicant.

Certification: I certify that all statements, signatures, description, plans and exhibits submitted with this application are true and accurate to the best of my knowledge and that I authorized to file this application and act on behalf of the signatories of the above authorization.

Applicant Signature: _____ Date: _____