

Zoning Administrator: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Skandia TWP Phone #: 906-942-7404

Rezoning # \_\_\_\_\_  
Fee: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

## REZONING APPLICATION

APPLICANT: \_\_\_\_\_

(Name)

(Address)

(City, State, Zip Code)

PHONE: \_\_\_\_\_

I (We) hereby request that the Township Board rezone the following described property from a current zoning classification of \_\_\_\_\_ to \_\_\_\_\_.

1. Current owner of the property is: \_\_\_\_\_
2. Legal description of property to be rezoned:

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3. Adjoining zoning districts which abut this property are:

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The address of property or Parcel Code #: \_\_\_\_\_

5. Present use of this property (vacant, agricultural, residential, commercial, specify use) :

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6. State the reasons for requesting the proposed rezoning:

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7. Are there any alternatives to the rezoning request to accomplish any specific proposal you may have? If yes, explain:

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8. Are there any positive impacts which will result from the proposed rezoning?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

9. Are there any negative impacts which will result from the proposed rezoning?

a. \_\_\_\_\_

b. \_\_\_\_\_

10. Have you attached any maps, surveys, site plans, and/or other information?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please describe:

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11. What public services and/or facilities are needed to service the proposed rezoning? (Police, Fire, Refuse Collection, etc)

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I understand that a public hearing is required to be held by the Planning Commission. I further understand that recommendation will be made by the Township Zoning Administrator, The Township Planning Commission and the Marquette County Planning Commission to the Township Board. I further understand that the final decision in this process is made by the Township Board and the rezoning amendment must be approved by a majority of the Board membership. In addition, the Township Board must vote to publish the proposed rezoning amendment once before final adoption at a subsequent meeting.

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(Applicant's Signature)

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(Date)