



City of Marshall
ZONING DISTRICT AMENDMENT APPLICATION

For Changing Zoning District Designation

Telephone
(269) 781-3985

Address:
323 W Michigan Ave, Marshall,
Michigan 49068

Fax
(269) 789-4628

Fee: \$400

PROPERTY OWNER NAME (Last, First):

ADDRESS (House Number and Street):

CITY, STATE, ZIP:

TELEPHONE:

EMAIL ADDRESS:

**I would like to rezone my property from _____ to _____
because _____**

- **ATTACH A LEGAL DESCRIPTION OF PROPERTY TO THIS FORM**

ADDRESS OF SUBJECT PROPERTY:

EXISTING AND PROPOSED USE OF PROPERTY:

**NAME, ADDRESS & PHONE NUMBER OF ALL OTHER PERSONS, FIRMS, etc.
HAVING A LEGAL CONNECTION TO THE SUBJECT PROPERTY:**

OWNER'S SIGNATURE: _____ DATE: _____

Questions concerning these requirements should be directed to the Planning and Zoning Office

Eric Zuzga	Zoning Administrator – ezuzga@cityofmarshall.com	269-781-3985 x 1145
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-OFFICIAL USE-

CASE # _____ FILING DATE _____ FEE PAID _____ RCD BY _____

APPROVED FOR PC MEETING DATE _____