

# Paw Paw Township Rezoning Application

114 N. Gremps Street  
Paw Paw, Michigan 49079  
269-657-4340  
269-657-5683 (fax)  
pawpawtownshipmi.gov



## Request

Rezoning

Conditional Rezoning (a submittal with voluntary conditions of approval)

Current Zoning District: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_

## Checklist

These materials shall be submitted in complete form to the Township no later than 30 calendar days prior to the Planning Commission meeting at which the review is requested. Planning Commission meetings are typically held on the 3<sup>rd</sup> Tuesday of each month at 6:00 PM.

- One completed and signed copy of the application
- Proof of property ownership or control (purchase agreement)
- The required application fee: regular meeting \$950 ; special meeting \$1,150
- Plot plan or survey (see checklist in [Section 42-11.04 B.2](#))
- For conditional rezoning, a plan, conditions, and agreement form (see checklist in [Section 42-11.05](#))

## Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Landowner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

*If the property is under contract, the landowner's signature is not required. However, the applicant must provide a copy of the contract.*

**Property Information and Project Proposal**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Tax ID Number: 80-14\_\_\_\_\_

Acreage: \_\_\_\_\_

Dimensions of land: \_\_\_\_\_

Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names, addresses, and telephone numbers of engineers, attorneys, architects, and other professionals associated with the project:

\_\_\_\_\_  
\_\_\_\_\_

**Standards of Approval**

Please see [Section 42-11.04 C.5](#) for standards of approval considered by the Planning Commission and Township Board. See additional standards for a conditional rezoning in [Section 42-11.05 F.](#)

**OFFICE USE ONLY- ONLY SEND TO TOWNSHIP PLANNER IF COMPLETE**

Date received in complete format: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount received: \_\_\_\_\_

Accepted by: \_\_\_\_\_