

**CITY OF BAD AXE  
300 E. HURON AVE. 48413  
989-269-7681**

**APPLICATION FOR REZONING**

Request for Rezoning will be heard by the Planning Commission.

1. Name of Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Address of property if different from applicant: \_\_\_\_\_

\_\_\_\_\_

2. Address or legal description of the parcel(s) to be rezoned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Reason for submitting request to rezone from, \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional information if necessary)

4. Deposit required in the amount of: \$300.00

Date paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_