

**APPLICATION – REZONING/TEXT AMENDMENT
LONG LAKE TOWNSHIP**

OFFICIAL USE ONLY	Date Received
Project Title:	Received by
Case No.	Fee Amount Fee Received

SUBMIT TO:

**LONG LAKE TOWNSHIP
PLANNING AND ZONING DEPARTMENT
8870 NORTH LONG LAKE ROAD
TRAVERSE CITY, MI 49685
PHONE 231 946-2249 FAX 231 946-4573**

Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone () - _____ Fax() - _____ Cell Phone() - _____

Property Owner If applicable

Owner(s): _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone () - _____ Fax() - _____ Cell Phone() - _____

Proof of Ownership:
 On file with the Township New ownership (*attach copy of registered deed*)

Property Information If applicable

Property ID: 28-08- - -	Property Address: _____
Current Master Plan Designation	Current Zoning District

Request *Select one*

<input type="checkbox"/> Zoning Map Change, Proposed Zoning District Designation	For zoning map changes, attach a legal description, back up documentation and justification for request.
<input type="checkbox"/> Zoning Text Change Zoning Section(s) Affected	For zoning text change, attach proposed language and any back up documentation and justification for request.
<input type="checkbox"/> Master Plan Amendment Proposed Master Plan Designation	For master plan amendment, attach a detailed description of the master plan district change proposed, and any related information and justification.

Owner's Signature: _____	Date: _____
(If Applicable)	
Applicant's Signature: _____	Date: _____
(Required)	