## STANDISH TOWNSHIP APPLICATION FOR REZONING PROPERTY

Applicant Name:	Phone Number:()		
Address:			
Owners Name:	Address:		
	is application. In lieu of a signature on the his/her behalf. This application will not b		
Current Zoning District: RES_	AG C-1 F-R C-2 P	roposed Zoning District of Property	·
Parcel ID #:	Location of Property (add	ress if available)	
N S E W Side of	Road between	&	Roads.
Please include a drawing of the	location of the property.		
property should be changed. (F	Township Zoning Ordinance and Zon Regulations and provisions for rezoning	ag are described in Article 9 of the Z	Coning Ordinance.):
Date: Applicant's	s signatures		
Please pay fee to Zoning Admir	nistrator.		
	FOR TOWNSHIP US	E ONLY	
Date this application was receive	ved: amount:	Fee Paid:	
Does the request meet minimum	n requirements of the Standish Towns	hip Zoning Ordinance?	
This permit was approve	d denied for the following reas	ons:	
Dated		G. 11.1 T. 11. 7	
Submitted materials:		Standish Township Zonin	g Administrator