

CITY OF MUNISING  
REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE MAP (**Rezoning**)

Applicant \_\_\_\_\_

For Zoning Administrator Use Only

Street/Box \_\_\_\_\_

File # \_\_\_\_\_

City \_\_\_\_\_

Date \_\_\_\_\_

State/Zip \_\_\_\_\_

Receipt # \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Hearing Date \_\_\_\_\_

Tax Code # \_\_\_\_\_

Fee Paid \_\_\_\_\_

Applicant's Interest in Property: \_\_\_\_\_

Complete Legal Description of Site: T \_\_\_\_ N, R \_\_\_\_ W, Section \_\_\_\_\_

Parcel Size: \_\_\_\_\_

Note: If more than one parcel is involved, or more than one zoning district is involved, the applicant must attach an accurate, scaled map showing each parcel and their current and proposed zoning districts.

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

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

Reason the Proposed Rezoning is Requested: \_\_\_\_\_

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

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

I grant the Zoning Administrator permission to inspect the site and to take photographs prior to the hearing date.

Date: \_\_\_\_\_ Property Owner: \_\_\_\_\_

(Continued on Reverse)