

CITY OF MUNISING  
REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE TEXT

Applicant \_\_\_\_\_

For Zoning Administrator Use Only

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

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

City \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

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

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

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

Ordinance Section # \_\_\_\_\_

Current Language \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Language \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rationale for Changes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTACH ADDITIONAL PAGES AS NEEDED

\_\_\_\_\_

\_\_\_\_\_

Date

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

(Continued on Reverse)