

Conditional Zoning Amendment Application

CHARTER TOWNSHIP OF CANTON
DEPARTMENT OF MUNICIPAL SERVICES
PLANNING SERVICES DIVISION

1150 Canton Center Road, Canton, MI 48188 • 734/394-5170

General information:

1. Name(s) of legal owners of property: _____

Address: _____ City/State/Zip: _____

Phone _____ Fax: _____

Signature(s) of legal owner(s): _____

2. Agent processing the amendment if different from owner:

Contact Name: _____

Company: _____

Address: _____ City/State/Zip: _____

Phone _____ Fax: _____

Location of property:

3. The property is located on the (circle one) N S E W side of _____ Road.
between _____ and _____ Roads.

4. Dimensions of property: Frontage: _____ Depth: _____ Acreage: _____

5. Parcel(s) tax ID number(s): _____

Conditional rezoning request:

6. Request zoning from _____ to _____

7. The requested zoning is proposed in order to accommodate the following use(s): _____

8. Attach the completed "Statement of Conditions" on the Township approved format.

For Township use only:

File number: _____ Date received: _____

Fee paid: _____ Receipt number: _____

NOTE: A MAP MUST BE ATTACHED DESIGNATING THE PROPERTY TO BE REZONED

