HURON COUNTY PLANNING COMMISSION REQUEST FOR ZONING CLASSIFICATION CHANGE

\$800.00 Application Fee at Regular Monthly Meeting \$1,200.00 for Special Meeting (Rev. 01/2025)

CASE NO.: ZA-		DATE:			
APPLICANT'S NAME:					
ADDRESS:					
ADDRESS:(mailing street address)	city	state	zip	telephone	
PROPERTY OWNER'S NAME A	ND ADDRESS (if different th	an above):			
name					
street address	city	state	zip	telephone	
ADDRESS OF PROPERTY REC	QUESTED FOR REZON	ING:			
PROPERTY IDENTIFICATION	NO.:				
LEGAL DESCRIPTION OF PRO	PERTY:				
RECLASSIFICATION REQUEST	For This request is to chang	e the zoning clas	sification of the	ahove property	
present classific	cation	_ 10	O proposed classification		
The above information is true and a Building & Zoning Office before a Zoning Office at (989) 269-9269 reg submitting this application.	Planning Commission pub	olic hearing can b	oe scheduled. C	ontact the Building &	
Signature of Applicant			Date		
By signing this application, owner/ag	gent is granting County offic	ials the right to or	n-site inspection	of property	

involved in this request.

ZA-Zoning Amendment Application