

Conway Township

8015 N. Fowlerville Road
PO Box 1157
Fowlerville MI 48836

Phone 517-223-0358

Fax 517-223-0533

zoningadmin@ConwayMI.gov



Application for Amendment to the Official Zoning Map

Section 1: Applicant's Information

Date:	Fee Paid (nonrefundable):
Applicant Name:	
Address:	Zip Code:
Phone:	Fax:
Email:	
Interest in Property to be Rezoned (e.g., owner, lessee):	

Section 2: Information on Owner of Property to be Rezoned (if different than Applicant)

Property Owner Name:	
Address:	Zip Code:
Phone:	Fax:
Email:	

Section 3: Information on Property to be Rezoned

Legal Description:	
Address:	Zip Code:
Parcel Identification Number:	
Total Acreage:	
Current Zoning Classification (District):	

Section 4: Supporting Documents (to be Submitted with Application)

- Proof of Ownership of the Property (such as a deed)
- A scaled map of the Property (drawn to a readable and accurate scale – no less than 1” = 100’), correlated with the legal description (Section 3), and clearly showing the Property’s location
- A vicinity map showing the location of the Property and adjacent land uses and zoning classifications

Applicant must provide 15 copies of the completed Application and Supporting Documents. The Application will not be set for hearing until all of the required information has been received.

Applicant may be requested to provide additional information by the Zoning Administrator, Planning Commission, or the Township Board. Application may also include any other information that Applicant believes will assist reaching a decision; however, any decision by the Township will be based on the appropriateness of the proposed zoning change in relation to the Township Master Plan as well as surrounding land zoning and uses.

Section 5: Affidavit and Signature

The undersigned affirms that they are the Owner of the Property and/or Applicant as designated below and that the foregoing answers, statements, and information are true and accurate to the best of their knowledge, information, and belief. By making this Application, the undersigned grants all officials and staff of Conway Township access to the Property as may be deemed helpful by Conway Township in its consideration of this Application.

Signature of Applicant

Date

Signature of Owner (if different than Applicant)

Date

BELOW THIS LINE IS FOR TOWNSHIP USE ONLY

To be completed by Zoning Administrator:

1. Date Application Received: _____
2. Has fee been paid? _____
3. Escrow? _____ If so, what amount? _____
4. Have 15 copies of the Application been submitted along with 15 copies of Supporting Documents?

Signature of Zoning Administrator

Date

Administration Fee: \$800 Escrow: \$2500.00