



**Pittsfield Charter Township
Department of Municipal Services**

6201 West Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3130 Fax: (734) 944-1103
Website: www.pittsfield-mi.gov Email: planning@pittsfield-mi.gov

Rezoning Application

Applicant Requirement Checklist
<input type="checkbox"/> Application Fee and Escrow Deposit paid at time of application. Application will not be processed until payment is received.
<input type="checkbox"/> Application Form completed in full
<input type="checkbox"/> Fourteen (14) sets of the proposed site plan . Three (3) full size plan sets, and eleven (11) reduced plan sets
<input type="checkbox"/> A CD or USB containing the entire plan set
<input type="checkbox"/> Legal description of the property

:: OFFICE USE ::
RZ # _____ - _____
ZP App Fee \$ _____
Escrow Fee \$ _____
Total \$ _____

Submittal Information
Name of Proposed Development: _____
Current Zoning District: _____ Proposed Zoning District: _____

Property Information
_____ Or _____ Street Number _____ Street Name _____
General Location of Site _____
Parcel I.D. # 12 - _____ - _____ - _____ Gross Acreage of Site: _____ Net Acreage: _____

Applicant Information			
(Please Print)			
_____ Company Name (If Applicable)		_____ Applicant's Name	
_____ Address	_____ City	_____ State	_____ Zip
(_____) _____ Contact Number	(_____) _____ Fax Number	_____ Email Address	

Applicant's Compliance Agreement
The applicant(s) represents that they are the owner(s) of the subject property or are acting on behalf of the listed property owner, and herewith file fourteen (14) copies of the identified drawing of the property or site plan and all supporting material. The applicant also acknowledges that the filing of this application grants permission for Pittsfield Charter Township staff and/or officials to enter the property to determine the accuracy of the submitted information, including existing conditions. If the applicant is not the property owner, the owner must fill out the Property Owner Affidavit.
_____ Applicant's Signature
_____ Applicant's Name (Please Print) _____ Date

Please Complete Reverse Side →

:: Office Use ::	Time Stamp
Received By: _____	
(Initials)	

Escrow Information (TO BE COMPLETED IN FULL)

(Please Print)

Company Name	(If Applicable)	Contact Name
Address	City	State Zip
()	()	
Contact Number	Fax Number	Email Address

Property Owner Information (TO BE COMPLETED IN FULL)

(Please Print)

Property Owner's Name	()	Contact Number
Address	City	State Zip
		()
Email Address		Fax Number

Property Owner's Compliance Agreement

I, _____ hereby state that I am the owner of the property described on this application
(Print Owner's name)
and that I have authorized _____ to act as my agent for the purpose of obtaining the zoning variance, appeal, or interpretation herein requested, and I hereby acknowledge that the filing of this application grants permission for Pittsfield Charter Township staff and/or officials to enter the property to determine the accuracy of the submitted information, including existing conditions.

Property Owner's Signature Date

Submittal by the application deadline does not guarantee placement on the agenda for the meeting date indicated on the meeting schedule.