



REQUEST FOR CHANGE IN ZONING

202 West 5th Street, Clare Michigan 48617
 (989) 386-7541 phone (989) 386-4508 fax
www.cityofclare.gov

Tax ID of Property to be Rezoned:		
Address of Property to be Rezoned:		
Current Zoning:		Requested Zoning:
Applicant's Name:		
Address:		
City:	State:	Zip:
Phone:	Mobile:	
Is the Applicant the property owner: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the owner granted permission for this zoning change request: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If the Applicant is not the property owner please provide the owners contact information:		
Owners Name		
City:	State:	Zip:
Phone:	Mobile:	
<p>I understand that there is a fee to request a parcel be rezoned. That fee is based on the city's approved fee and rate schedule as set by the City Commission at the beginning of each fiscal year (July 1). The fee for a rezoning request is non-refundable. In order to accommodate public notice requirements, the rezoning process takes several weeks to accomplish.</p>		
Signature of Applicant:		
Date of Application:		
Fee: \$	Received on: / /	By: