City of Tawas City

550 West Lake Street, PO Box 568 ■ Tawas City, Michigan 48764-0568 (989) 362-8688 ■ www.tawascity.org



APPLICATION FOR ZONING AMENDMENT

CONTACT INFORMATION		
Applicant:		
Mailing Address:		
Phone:	Email Address:	
	,	
TYPE OF REQUEST		
Amendment to Zoning Ordinance: Please be included:	e include a detailed descripti	on of the request. The following information must
	ies) impacted by the propose address(es) of the owner(s)	ed amendment and, if the applicant is not the and his/her/their signature(s) indicating consent mendment
☐ Amendment to Zoning Map: Please included:	de a detailed description of t	he request. The following information must be
property(ies) involved	elated with the legal descript ies) involved and, if the appl is/her/their signature(s) indic	tion(s) and clearly showing the location of icant is not the owner or sole owner, the name(s)
Please refer to Article 10 of the Zoning Ordinar Zoning Ordinance.	nce for additional information	regarding changes or amendments to the
APPLICANT CERTIFICATION		
By signing below, I certify that the information provi knowledge, true and accurate.	ded within this application and	accompanying documentation is, to the best of my
Applicant's Signature	 Date	Applicants will be responsible for any and all expenses incurred by the City for processing applications. This includes but is not limited to application fees, postage, copies, publications, professional fees, legal
Received by the Office of the City Clerk	 Date	review and inspections.