

City of Alpena

CONDITIONAL REZONE - STATEMENT OF CONDITIONS

DATE: _____

PROPERTY OWNER(S): _____

PROPERTY ADDRESS : _____

PROPERTY LEGAL DESCRIPTION: _____

PROPERTY TAX IDENTIFICATION NUMBER: _____

CURRENT ZONE: _____ CONDITIONAL ZONE: _____

STATEMENT OF CONDITIONS:

I, _____, attest that I have read
(Property Owner(s) – Print)

Section 10.3 Conditional Rezoning within the City of Alpena's Zoning Ordinance and that I voluntarily offer and consent to the provisions contained within the Statement of Conditions. I understand that the Statement of Conditions runs with the land and is binding upon successor owners of the land. I understand that the Statement of Conditions may be recorded by the City with the County Register of Deeds and that any documentation incorporated by reference may be examined in property files located at City Hall.

(Property Owner – Print)

(Property Owner – Print)

(Property Owner – Sign)

(Property Owner – Sign)

All property owners must sign in front of the Notary Public. Any additional property owners should print and sign their name on page 2.

Prepared By:

(City of Alpena representative – Print)

(Address)

Notary Public:

Acknowledged on _____
(Date)

(Notary Public – Print)

(Notary Public – Sign)

State of _____

County of _____

Acting in _____,
(County) (State)