

CITY OF ALPENA

PETITION FOR ZONING AMENDMENT

Case # _____

Tax Parcel # _____

Date Rec. _____

Rec. by _____

Please provide clear and concise information as requested by typing or printing in ink. If additional space is needed, number and attach additional pages. An application will not be accepted unless signed and accompanied by payment of proper fees. All information provided herein becomes public record upon submittal.

Petitioner's Name (Print)

Address

() _____

Telephone No.

City State Zip Code

Owner(s) of subject property if more than one attach
a list of names and addresses. (Print)

Address

() _____

Telephone No.

City State Zip Code

1. Action Requested

A. Text Amendment: Amend Chapter _____ Article _____ Section(s) _____

_____ to read: _____

Reason for Text Amendment: _____

IF NO ZONING MAP CHANGE IS REQUESTED, COMPLETE ABOVE SECTIONS AND SIGN BOTTOM OF PETITION.

B. Zoning Classification Change: Rezone from _____ to _____ the property
located at _____, legally described as:

Reason for Zoning Change:

2. Site Information

A. Site Dimensions (depth and frontage, in feet) _____

B. Site Size: _____ sq. ft. or _____ acres

C. Present Use: _____

D. Surrounding property uses:

East _____ North _____

West _____ South _____

E. List all deed restrictions to subject property (attach additional pages if needed).

F. Submittal of a copy of a land survey of the site would be helpful for Planning Commission and City Council Consideration.

