

Village of Pinckney
Application for Zoning Amendment

Fee: \$ _____ (per Village Fee Schedule)

Date: _____

1. Address of property to be rezoned: _____

2. Tax Code No.: _____ Property is located on _____ side of _____
between _____ and _____ roads.

3. Attach legal description of property.

4. Name of Applicant (please print) : _____

5. Name(s), Address(es), and phone number(s) of property owner(s) or others having legal interest in property.
(Enter "same" if same as applicant.)

a. _____ b. _____ c. _____

6. I (We) certify that I am (we are) the sole owners of this above property and agree to the request for rezoning as presented. Signature of owner(s):

a. _____ b. _____ c. _____

7. Existing Zoning: _____ Requested Rezoning: _____

8. Current Use of Property: _____

9. Proposed Use of Property: _____

10. Attach a sketch in triplicate drawn to scale of the subject property and all property within 100 feet of the nearest property line of such property. Show the following:

- a) the dimensions of all property lines
- b) the names of all property owners

- c) the existing uses of all properties
- d) an outline of the proposed building construction

10. Include a statement of reason for requested change and the use proposed.

11. Include a statement addressing map amendment criteria ([§ 152.461 of Zoning Ordinance](#))

12. Signature of applicant: _____
(signature)

*****OFFICE USE ONLY*****

Planning Commission Action:

Approved: _____ Disapproved: _____ Date: _____

Reasons: _____

Village Council Action:

Approved: _____ Disapproved: _____ Date: _____

Reasons: _____

Signed: _____

(This application is non-transferable.)