



**APPLICATION FOR REZONING OR OTHER AMENDMENT OF THE ZONING ORDINANCE  
(EXCLUDING PUD)**

An application to request the rezoning of property or a zoning and text amendment must be heard before the Ada Township Planning Commission. ***Regular meetings of the Planning Commission are held on the third Thursday of each month at 5:30 p.m. at Ada Township Hall.*** After receipt of the application and payment of the fee, your request will be placed on the next Planning Commission meeting agenda for the purpose of scheduling a public hearing. The hearing will be scheduled for the next month's Planning Commission meeting for consideration, with all legal notifications being met.

Recommendations from the Planning Commission are considered by the Ada Township Board of Trustees at the first available Ada Township Board of Trustees meeting following the regular Planning Commission meeting.

**A non-refundable filing fee of \$300.00 made payable to Ada Township must accompany your application as well as a small-scale map of the property and an accurate legal description of the property. Please note that a \$1,000.00 escrow deposit may be required, at the discretion of Township officials and staff.**

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner Name and Address (if different than above):** \_\_\_\_\_

**Property Information for a Rezoning Request:**

Property Address: \_\_\_\_\_

Parcel Number: 41-\_\_ - \_\_ - \_\_\_\_ - \_\_\_\_

Current Zone District Classification: \_\_\_\_\_

Proposed Zone District Classification: \_\_\_\_\_

**For a Zoning Ordinance Text Amendment Request:**

The following general amendment is requested to be made to the Zoning Ordinance:

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**For All Requests:**

Attach a written statement that addresses the conformity of the request with the Township Master Plan.

I (we), the undersigned, do hereby make application and petition the Township to amend the Ada Township Zoning Ordinance and associated zoning map, if applicable, and also hereby grant permission to Ada Township and its officials and staff to enter upon the subject property for purposes of review and evaluation of this request.

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
*(If different than above)*

**TO BE COMPLETED BY ADA TOWNSHIP**

Application Received: \_\_\_\_\_ Initial: \_\_\_\_\_  
mm / dd / yy

Application Fee of \$ \_\_\_\_\_ Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_  
mm / dd / yy

Escrow Deposit of \$ \_\_\_\_\_ Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_  
mm / dd / yy

Updated 3/25/22