



**ADA TOWNSHIP
APPLICATION FOR REZONING OR
OTHER AMENDMENT OF THE ZONING ORDINANCE**

Applicant: _____

Telephone: _____ Fax _____

Mailing Address: _____

For a rezoning request:

The undersigned applicant hereby requests that the following property:

Street Address: _____

Permanent parcel number: 41- _____, which is presently zoned
as: _____ be rezoned as _____.

Attach a small scale map of the property and an accurate legal description of the property.

For a zoning ordinance text amendment request:

The undersigned applicant hereby requests that the following general amendment be made to the Zoning regulations:

For all requests:

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

Dated: _____

Applicant

TO BE COMPLETED BY THE ADA TOWNSHIP PLANNING DEPARTMENT

Application received: _____ by: _____
(date)

Application fee of \$ _____ received _____ by _____ Check No: _____
(date)

Escrow deposit of \$ _____ received _____ by _____ Check No.: _____
(date)