



Office of Planning and Zoning  
420 N Front Street  
P O Box 395  
Suttons Bay, MI 49682  
231-271-3051 or 231-392-5828  
[zoning@suttonsbayvillage.org](mailto:zoning@suttonsbayvillage.org)

## APPLICATION FOR ZONING ORDINANCE TEXT AMENDMENT

This application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application will not be accepted and will result in processing delays.

### A. APPLICATION INFORMATION

Name of Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please specify to whom all communications should be sent:      Applicant       Agent

### B. PURPOSE OF APPLICATION

Section(s) reference: \_\_\_\_\_

Please explain why the zoning text amendment is being requested (if additional space is required please attach a separate sheet).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide in detail a draft of the proposed text amendment, including all necessary additions to or deletions from current zoning ordinance text (if additional space is required please attach a separate sheet).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. SIGNATURE:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date