



Office of Planning and Zoning
420 N Front Street
P O Box 395
Suttons Bay, MI 49682
231-271-3051
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