



Town of Grand Rapids

Re-Zoning and Comprehensive Plan Map And/or Text Amendment Application

Regular Fee \$75
Special Meeting Fee \$300

FOR OFFICE USE ONLY

Date Received:	Date Paid:	Total Fee:	Application #:
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APPLICANT INFORMATION (IF APPLICANT IS NOT THE OWNER, PROVIDE A LETTER OF AUTHORIZATION FROM ALL PROPERTY OWNERS)

Name:	Address:		
Phone Number:	Secondary Phone Number:	Email Address:	
Does Applicant Rent or Own the Site Address? (Please check one) <input type="checkbox"/> Rent <input type="checkbox"/> Owner <input type="checkbox"/> Other:			

OWNER INFORMATION

Owner Name:	Site Address:		
Owner Phone Number:	Owner Secondary Phone:	Owner Email Address:	

PROPERTY INFORMATION

Legal Title Acquired Date:	Total Square Feet:	Total Acres:	Parcel #:
Existing use of Property:	Existing Future Land Use:	Proposed Future Land Use:	
Existing Zoning:	Proposed Zoning change:		

SUPPORTING DOCUMENTATION

The following materials are required with your application

- ☐ Why the comprehensive plan map amendment/zoning change is being proposed
- ☐ Justification and support for the proposed map amendment/zoning change.
 - Examples might include recent changes to the proposed plan map amendment since the comprehensive plan adoption, consistency of the proposed amendment with the adopted comprehensive plan, and how the proposed change will benefit the community.
- ☐ A vicinity map
- ☐ An accurate map showing the specific parcels subject to the amendment request
- ☐ Any additional information to support your request

I hereby depose and say that all the above information and all accompanying statements and drawings are correct and true.

Applicant (Sign): _____ Print: _____ Date: _____