

**APPLICATION – REZONING/TEXT AMENDMENT  
LONG LAKE TOWNSHIP**

OFFICIAL USE ONLY	Date Received
Project Title:	Received by
Case No.	Fee Amount <span style="float:right">Fee Received</span>



**SUBMIT TO:**

**LONG LAKE TOWNSHIP  
PLANNING AND ZONING DEPARTMENT  
8870 NORTH LONG LAKE ROAD  
TRAVERSE CITY, MI 49685  
PHONE 231 946-2249 FAX 231 946-4573**

**Applicant**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax( ) - \_\_\_\_\_ Cell Phone( ) - \_\_\_\_\_

**Property Owner If applicable**

Owner(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax( ) - \_\_\_\_\_ Cell Phone( ) - \_\_\_\_\_

Proof of Ownership:  
 On file with the Township                       New ownership (*attach copy of registered deed*)

**Property Information If applicable**

Property ID: 28-08- - -	Property Address: _____
Current Master Plan Designation	Current Zoning District

**Request *Select one***

<input type="checkbox"/> Zoning Map Change, Proposed Zoning District Designation	For zoning map changes, attach a legal description, back up documentation and justification for request.
<input type="checkbox"/> Zoning Text Change Zoning Section(s) Affected	For zoning text change, attach proposed language and any back up documentation and justification for request.
<input type="checkbox"/> Master Plan Amendment Proposed Master Plan Designation	For master plan amendment, attach a detailed description of the master plan district change proposed, and any related information and justification.

<b>Owner's Signature:</b> _____	<b>Date:</b> _____
(If Applicable)	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
(Required)	