

COMMERCE TOWNSHIP ZONING AMENDMENT PETITION

APPLICATION # _____ **HEARING DATE:** _____

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____ **ZIP** _____

TELEPHONE: _____ **FAX** _____

E-MAIL: _____

OWNER'S NAME: _____ **PHONE#** _____

ADDRESS _____ **ZIP** _____

A) REQUEST FOR CHANGE OF ZONING _____ **FROM** _____ **TO** _____

Common Property Address or Location _____

Sidwell Number _____

List all Deed Restrictions and Easements _____

Property Dimensions _____ **Area** _____

Reason for Request and Proposed Use: _____

B) REQUEST FOR TEXT AMENDMENT _____ **RE: SECTION** _____

Present Ordinance Language _____

Proposed Language _____

Reason for Request _____

Date: _____

Applicant's Signature

Property Owner's Signature

Applicant's Printed Name

Property Owner's Printed Name