



Saugatuck Township

3461 Blue Star Hwy
P.O. Box 100
Saugatuck, MI 49453

Phone (269) 857-7721
www.SaugatuckTownship.org

REZONING APPLICATION

Fees and Escrow per the Township Consolidated [Fee Schedule](#)

Applicant should complete all of the following information, sign and return the form to the Saugatuck Township Zoning Administrator either in person, by mail, or by email: LWells@saugatucktownship.org.

General Information

Property owner: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____

Parcel No.: _____

Project information needed: _____

Agent's Name: _____ Phone: _____

Address: _____ City, State, Zip: _____ Email: _____

The completed application will be received by the Zoning Administrator 30 days prior to the next regularly scheduled meeting. Application must be complete before being placed on the Planning Commission agenda.

- Approval by owner to apply
- 12 Hard copies of plans provided and 1 digital copy.
- Legal Description of property is attached.
- A representative for the rezoning will be available at the Planning Commission meeting.
- Applicant has attached a letter regarding each of the following factors related to the rezoning:
 - Reason for the rezoning request (i.e. Conforms to future land use plan.)
 - How the proposed zoning change is compatible with the established land use pattern, surrounding uses, and surrounding zoning in terms of land suitability, impacts on the environment, density, nature of use, traffic impacts, aesthetics, and is consistent with the needs of the community.
 - The impact on any public utilities, if applicable.

Applicant's signature _____ Date _____

Rcv'd by Zoning administrator on _____ Application complete: