

**Attica Township**

**Application for Rezoning Parcel # \_\_\_\_\_**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Legal Description (Attach to this application)

Location of property and address(if issued): \_\_\_\_\_

Purpose for request to rezone: \_\_\_\_\_

Are you the sole legal owner of the property? \_\_\_\_\_

If not, state all others with interest in the property's title by name and address:

\_\_\_\_\_  
\_\_\_\_\_

**Information to be included:** A sketch plan to scale showing (1) Lot number, (2) Size and shape of lot, (3) Size and location of all buildings, (4) Parking area: Dimensions, # of stalls, access road, (5) Road on which located (name), (6) Adjacent buildings: location and use, (7) Number of employees expected (peak).

**Instructions:**

1. Print or type.
2. Sixteen (16) copies of this application and sixteen (16) copies of the sketch plan of the property to be rezoned must be submitted to the Planning Commission at least twenty (20) days prior to a regular meeting to allow sufficient time for public notice, required by State Law. The Planning Commission meets the first Thursday of each month.
3. All comments are to be made on a separate piece of paper and attached to the application.
4. Return to the Attica Township Clerk.

\_\_\_\_\_  
Signature of Applicant (Date)

\_\_\_\_\_  
Signature of Legal Owner (Date)  
(If not the applicant)