## **Portland Township Rezoning Application**

This application must be completed in full and approved by the Portland Township Board before beginning any construction, excavation or use regulated by the Portland Township Zoning Ordinance.

Applicant Information					
Name					
Address					
City		State	Zip		
Phone Numbers ()	(	)	(	)	
Property Owner Information (	if different f	rom applicar	nt)		
Name					
Address					
City		State	Zip		
Phone Numbers ()	(	)	(	)	
(Attach separate pages if additiona	l owners)				
	,				
Present Use of the Property(s	)				
Present use	_				
Property Information					
Parcel Number(s) 34-140					

## Portland Township Rezoning Application (page 2)

Attach legal description(s) of proposed parcel(s) requested to be rezoned Attach scaled map(s) of proposed parcels(s) requested to be rezoned Address(es) of property(s) proposed to be rezoned Attach separate pages for any additional parcels Proposed Desired Rezoning Change and Reason for the Requested Change: Present Zoning District(s) Proposed Zoning District(s)

## **Portland Township Rezoning Application (page 3)**

## **Affidavit**

I certify and affirm that I am the property owner(s) or the owner's authorized agent(s) and that I agree to conform to applicable zoning laws of Portland Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location. I understand that if my request is granted, other ordinance requirements may be applicable.

Signature(s)		
Date	_	
Attach separate sheet for a	additional signatures	
Administrative Use		
Fee paid		Date received
Date of Hearing	Date Published	Date 300' Notices sent
Date Posted at Hall		
Portland Planning Commis	sion Recommendation	
Application Approved		
Application Denied	<del></del>	
Reasons		