

**INGERSOLL TOWNSHIP
PLANNING COMMISSION
Request for Rezoning Application
(989) 695-5200**

Date: _____

Property is currently zoned _____

Requesting to be rezoned to _____

Present Use _____

Proposed Use _____

Legal description of property requested to be rezoned: *(Note: It is your responsibility to provide an accurate description of your request.)*

Amount due for this request: \$550.00

Signature of Applicant: _____

Address of Applicant: _____

City _____ State _____ Zip _____

Phone Number (Home): _____ (Work): _____

Submit application with fee to Mary Ellen Keel, Ingersoll Township Clerk, 4183 S. Smith Crossing Road, Freeland, MI 48623

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Official Use Only

Fee and Application Received by Township Clerk Date: _____

Application Received by Planning Chairperson Date: _____

