



Building & Planning
 3338 Coolidge Hwy
 Berkley, MI 48072
 248-658-3320
 Fax: 248-658-3301
 www.berkleymich.org

CITY OF BERKLEY, MICHIGAN

APPLICATION FOR REZONING

Instructions to Applicant: This application must be submitted with 18 copies of a plan, survey or map showing all lots and areas to be rezoned and surrounding area within at least 100 feet of property to be rezoned. Fee: \$600.00. If an application is withdrawn more than 3 weeks prior to the meeting date, 90% of the fee will be refunded. If the application is withdrawn less than 3 weeks prior to the meeting, no refund will be given.

Applicant:

Name: _____ Phone: _____

Complete Address: _____

Property Owner: (If different than above)

Name: _____ Phone: _____

Complete Address: _____

Description of Property to be Rezoned:

Street Address: _____

Between _____ And _____

Lot Number: _____

Subdivision: _____

Sidwell Number: _____

Zoning: Present: _____

Proposed: _____

Signature of Applicant

Date

Office use only (account #1019)

Date Application Received _____ Fee _____ Receipt Number _____

Hearing Date _____ Case Number _____

Planning Commission Hearing: _____

City Council, First Reading: _____

City Council, Second Reading: _____