

CITY OF CORUNNA
APPLICATION FOR REZONING

Date: _____

I HEREBY MAKE REQUEST TO REZONE THE FOLLOWING LAND (insert legal description):

FROM (Present Zoning): _____

TO (Current Zoning): _____

REASON FOR REQUEST

INCLUDE OR ATTACH A SITE DRAWING OR SURVEY DRAWN TO A SCALE OF NOT LESS THAN 1" = 50'.

PROPERTY ADDRESS (if assigned) _____

OWNERS ADDRESS _____

AGENTS ADDRESS _____

TELEPHONE _____

SIGNATURE _____

APPLICATION AND \$300.00 FEE RECEIVED _____

RETURN APPLICATION TO: CITY OF CORUNNA, 402 N. SHIAWASSEE ST.
CORUNNA, MI 48817
989-743-3650