CITY OF STANDISH

APPLICATION FOR ZONING CHANGE

Property Owner

Name: _____

Address: _____

_____

Property to be Rezoned

Address: _____

Tax ID #: _____

Current Zoning Designation: _____

Proposed Zoning Designation: _____

Reason(s) for Requesting Zoning Change:

_____

_____

_____

_____

_____ _____

Property Owner Date

_____ _____

Applicant Date

Application Fee Submitted Yes ☐

No ☐