



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
Fax: (989)426-6942

CITY OF GLADWIN REZONING APPLICATION

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance)

Property Owner Name: _____

Property Address: _____

Tax Parcel ID Number(s): _____

Current Zoning District: _____

Proposed Zoning District: _____

Is the proposed rezoning a conditional rezoning? Yes No

Voluntary Conditions (if applicable): _____

Please include the following with the submitted application:

1. A copy of the deed for the subject property or its legal description.
2. Other information as deemed necessary by the Zoning Administrator.

For Office Use Only:

Application Fee: \$250 Date Paid: _____

Date Notice Was: Posted: _____ Published: _____ Mailed: _____

Date of PC Hearing: _____ Rezoning Approved Rezoning Denied

(Attach: Minutes of PC Meeting and City Council Meeting)