



APPLICATION FOR REZONING
VILLAGE OF SPRING LAKE
PLANNING DEPARTMENT

102 WEST SAVIDGE STREET, SPRING LAKE, MICHIGAN 49456
PH: 616-842-1393 FAX: 616-847-1393
www.springlakevillage.org

Date: _____

Applicant Name: _____ Applicant Phone: _____

Applicant Address: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Address of Property to be Rezoned: _____

Parcel ID # _____

Current Zoning: _____ Proposed Zoning: _____

Explain the reason for the rezoning request and how the rezoning conforms to the goals and policies of the Village Master Plan. Use additional sheets if necessary to explain your request.

Applicant's Signature: _____ Owner's Signature: _____

Application for rezoning must include a map of the surrounding properties within 300 feet of the property to be rezoned indicating the zoning district of those properties. A survey and legal description of the property to be rezoned must also be provided with the application.