

**APPLICATION FOR ZONING AMENDMENT  
PORTAGE TOWNSHIP**

The undersigned, owner(s) of the following legally described property hereby requests consideration of a change in zoning district classification as specified below:

1. Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_
2. Locational Description: Subdivision Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
*(If not located in a recorded subdivision, attach a legal description).*
3. Existing Use: \_\_\_\_\_
4. Present Zoning District: \_\_\_\_\_
5. Proposed Zoning District: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_
6. **Supporting Information:** Attach the following items to this Application:
  - a. A vicinity map showing property lines, streets, and existing and proposed zoning.
  - b. A list of all property owners within, contiguous to, and directly across the street from the proposed rezoning.
  - c. A narrative statement of your reasons to request the zoning change, what affect is any the change will have on the surrounding properties and the Township as a whole.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

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For Official Use Only

**Portage Township Zoning Commission:**

Date Filed: \_\_\_\_\_ Date of Notice in Newspaper: \_\_\_\_\_

Date of Notice to Adjoining Property Owners: \_\_\_\_\_

Date of Zoning Commission Hearing: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Recommendation of Zoning Commission Hearing: Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

Reason for Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Zoning Commission Chairman)

**Board of Township Trustees:**

Date Recommendation Received: \_\_\_\_\_

Date Notice Published in the Newspaper: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Action of Township Trustees: Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

Reason for Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(DATE)

\_\_\_\_\_

(TOWNSHIP CLERK)