

ROLLIN TOWNSHIP

**LENAWEE COUNTY
MICHIGAN**

**REQUEST FOR ZONING CHANGE
OR
CONDITIONAL RE-ZONING**

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PROPERTY OWNER: _____

LEGAL DESCRIPTION: _____

PRESENT ZONING: _____

REQUESTED ZONING: _____

PROPOSED USE: _____

PROPERTY OWNER SIGNATURE:

FEE: \$ 450.00

PLANNING COMMISSION CHAIRMAN
