**REYNOLDS TOWNSHIP**
**Petition for Zoning Amendment/Re-Zone**

**FEE: $600.00** PERMIT NUMBER: _____
DATE: _____ ZONING DISTRICT: _____

**PETITIONER:**
Name: _____
Mailing Address: _____
Phone number: ( ) _____ Cell Phone: ( ) _____

**PROPERTY OWNER:**
Name: _____
Mailing Address: _____
Phone number: ( ) _____ Cell Phone: ( ) _____

**PETITIONER'S INTEREST IN PROPERTY (if not owner):**

_____

_____

**PRESENT ZONING CLASS :** _____ **PROPOSED ZONING CLASS:** _____

**PRESENT USE:** _____ **FUTURE USE:** _____

**ADDRESS OF PROPERTY:** _____

**PARCEL (Tax ID No.):** _____

**Please use the lines below to state the request and the reason(s) for the request:**

_____
_____
_____
_____

**The facts presented above are true and correct to the best of my knowledge.**

Signature: _____ Date:_____

Printed Name: _____

I hereby authorize the submittal of this application and agree to abide by any decision made in response to it. By signing below, I hereby give permission to the Planning Commission, Zoning Board of Appeals, Township Board or Township staff to enter my property for the purpose of reviewing my request.

Applicant Signature: _____ Date:_____