COMMERCE TOWNSHIP ZONING AMENDMENT PETITION

APPLICATION #	HEARING DATE:
APPLICANTS NAME:	
APPLICANTS ADDRESS:	ZIP
TELEPHONE:	FAX
E-MAIL:	
OWNER'S NAME:	PHONE#
ADDRESS	ZIP
A) REQUEST FOR CHANGE OF ZONING	FROM TO
Common Property Address or Location	
Sidwell Number	
List all Deed Restrictions and Easements	
Property Dimensions	Area
Reason for Request and Proposed Use:	
B) REQUEST FOR TEXT AMENDMENT Present Ordinance Language	RE: SECTION
Proposed Language	
Reason for Request	
Date:	
Applicant's Signature	Property Owner's Signature
Applicant's Printed Name	Property Owner's Printed Name