

NAME: _____ CASE NUMBER: _____

ELY TOWNSHIP RE-ZONING APPLICATION

1. Zoning district _____

2. Describe the proposed use that requires a change in the Zoning district: _____

3. Describe any soil limitations that can impact the requested Zoning district: _____

4. Describe any increased governmental service required by the proposed Zoning District:

5. Describe any incompatibility that the requested Zoning change may cause with adjacent properties : _____

6. Describe any negative environmental impacts anticipated if the Zoning change is approved:

7. Describe the potential impact of either approval or denial upon Ely Township:

Additional comments or statements: _____

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ SIGNATURE: _____

ELY TOWNSHIP
1555 Co Rd 496
Ishpeming, MI 49849

(906) 486-6802
zoning@elytwp.com

Fee Paid: _____ Date: _____ Cash/Check# _____

ACKNOWLEDGED BY: _____ TITLE: _____