Rome Township **Application #:**

Petition for Rezoning

Date: _____ Parcel I.D. Number: _____

Property Owner(s) Name:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

This application must be signed by the property owner(s). In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorization by the property owner.

Current Zoning of Property:	Location of Property: Address: _____
Proposed Zoning of Property:	N S E W Side of _____ Road
Master Plan Designation of Property:	Between _____ & _____ Roads
Zoning of Surrounding Parcels: North: _____ South: _____ East: _____ West: _____	Total Acreage of Existing Site:
Is this proposed rezoning consistent with the Rome Township Master Plan? Yes No	Insert below (or attach) accurate legal description of property:
If not, explain below the reasons why the applicant feels the subject property should be rezoned:	*A survey or scale drawing showing parcel dimensions, adjacent roads, and existing buildings must accompany this petition. An accurate legal description must also be provided.*
Owner(s) signature:	***I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above-described property for the purposes of gathering information related to this application.***
Applicant(s) Signature (if other than owner):	Signature and Date:

Application Fee:	Date Received:	Receipt Number:
First Publication Date:	Second Publication Date:	Date Notices Mailed:
Public Hearing Date:	Date to County:	Date of Township Board Action:
Approved:	Denied:	