



**APPLICATION FOR REZONING**  
**VILLAGE OF SPRING LAKE**  
**PLANNING DEPARTMENT**  
102 WEST SAVIDGE STREET, SPRING LAKE, MICHIGAN 49456  
PH: 616-842-1393 FAX: 616-847-1393  
www.springlakevillage.org

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Address of Property to be Rezoned: \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Explain the reason for the rezoning request and how the rezoning conforms to the goals and policies of the Village Master Plan. Use additional sheets if necessary to explain your request.

---

---

---

---

---

---

---

---

---

---

Applicant's Signature: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

Application for rezoning must include a map of the surrounding properties within 300 feet of the property to be rezoned indicating the zoning district of those properties. A survey and legal description of the property to be rezoned must also be provided with the application.