

Fee \$350.00

Paid Date: _____



City of Allegan
231 Trowbridge St.
Allegan, MI 49010
Ph. (269) 673-5511

City of Allegan Zoning Change Application

1. Applicant Information

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Ph.: _____ Email: _____

2. Project/Property Information

Property Parcel Number: #03 – 51– _____ - _____ - _____

Property Address: _____ Allegan, MI 49010

Request to: _____

Lot Data:

Lot Length (ft.) _____

Lot Area (sq. ft.) _____

Lot Width (ft.) _____

Lot Shape _____

Structure Data:

Structure Length (ft.) _____

Commercial Use Area (sq. ft.) _____

Structure Width (ft.) _____

Residential Use Area (sq. ft.) _____

Total Area (sq. ft.) _____

3. Description of Use: _____

(Continue on additional page if needed)

4. Return this form and supporting materials on or before application deadline to:

Professional Code Inspections
 Lori Castello
 1575 142nd Ave
 Dorr, MI 49323
 Ph. (616) 877-2000, Fax (616) 628-3335
 Email: lcastello@pcimi.com

In order for your application to be presented in front of the City of Allegan Planning Commission, the deadline for submitting your application and supporting materials is at least thirty (30) days prior to the meeting that you wish your application to be considered. The City of Allegan Planning Commission meets the third Monday of every month at 6:00pm at City Hall (231 Trowbridge St., Allegan, MI 49010). To view the City of Allegan’s public meeting calendar, please visit cityofallegan.org.

If you have any questions regarding this form, please contact Professional Code Inspections at (616) 877-2000.

For Office Use Only

	Required	Approved/Denied	Date
Planning Commission Hearing	Yes <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
City Council Hearing	Yes <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	

Comments: _____

Zoning Administrator Signature: _____ Date: _____