



CITY OF NEGAUNEE

319 West Case Street, Negaunee, Michigan 49866, Phone: 906-475-7700 ext. 12 Fax: 906-475-0178

Re-Zoning Application

Office Use Only: Fee Received: \$ _____

Case #: _____ Check Number: _____

Date Received: _____ Permit #: _____

APPLICANT: _____

ADDRESS: _____

TELEPHONE (HOME): _____

TELEPHONE (OTHER): _____

Email: _____

Parcel Number(s):

Parcel(s) Size:

Parcel(s) Legal Description:

Current Zoning: _____

Proposed Zoning: _____

Attach Property Proof of Ownership or Purchase Agreement

AFFIDAVIT

I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the City of Negaunee Zoning Ordinance will be complied with. Further, I agree to give permission for officials of City of Negaunee, Marquette County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____

Date: _____