



CITY OF BRIGHTON
Community Development/Planning Department

Rezoning Application

General Information:

- 1. Name(s) of legal owners of property:
Address:
City/State/Zip:
Phone:
Fax:
Signature(s) of legal owner(s):
2. Applicant(s) information if different from owner:
Contact Name:
Company:
Address:
City/State/Zip:
Phone:
Fax:
Email:
Signature(s) of applicant(s):

Location of Property:

- 3. The property is located on the (circle one) N S E W side of Road between and Roads
4. Dimensions of property: Frontage: Depth: Acreage:
5. Parcel(s) tax ID number(s):

Rezoning Request:

- 6. Request zoning from to
7. The requested zoning is proposed in order to accommodate the following use(s):
8. Attach a map designating the property to be rezoned.

INSTRUCTIONS TO APPLICANT:

Fee: \$1,200.00 plus possible engineering fees

Return Application and Required Documents:
Community Development Department
200 N. First Street
Brighton, MI 48116
810-225-9257

Please see City of Brighton Website for meeting dates and deadlines.