Rome Township Petition for Rezoning Date: _____ Parcel I.D. Number: Property Owner(s) Name: Applicant(s) Name: Mailing Address: Mailing Address: 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.

<u> </u>		
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:	Total Acreage of Existing Site:	
North: South: East: West:		
Is this proposed rezoning consistent with the Rome Township	Insert below (or attach) accurate legal description of property:	
Master Plan? Yes No		
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:	