YANKEE SPRINGS TOWNSHIP
PLANNING COMMISSION
APPLICATION FOR REZONING

ZOC_____
DATE APPROVED_____
PC._____
Twp. BD._____

APPLICANTS:

NAME_____ DATE:_____

ADDRESS_____ CITY_____
STATE_____ ZIP_____ PHONE (HOME)_____
(CELL) _____
(Email)_____

PROPERTY OWNER'S

NAME_____ ADDRESS_____

STATE_____ZIP_____PHONE (HOME) _____
(CELL)_____

PROJECT LOCATION

STREET ADDRESS_____CITY_____

PARCEL ID #_____SECTION #_____

REZONING FROM:

__AG __RSF __C-1 __RS & RC
__RR __RMF __C-2 __LI-I
__SR __RLF __C-3 __I-I

REZONING TO:

___AG ___RSF ___C-1 __RS & RC
___RR ___RMF ___C-2 __LI-I
___SR __RLF ___C-3 __I-I

REASON FOR REQUESTING REZONING OF THIS PARCEL:

_____
_____
_____

This proposed rezoning is consistent with the township land use plan. _____Yes _____No

Applicant must also include:

1. **A copy of the latest survey of the property.**
2. **See current fee schedule on website. Enclose check with application.**

_____ **Date:** _____
Applicant's Signature

ALL TAXES AND ASSESSMENTS HAVE BEEN PAID IN FULL ON THIS PROPERTY

_____ **Date:**_____
Authorized Signature

Fee Received by_____**Date**_____**Amount $**_____

Rev 4-08 RL/sm(8-2026)