



VILLAGE OF MIDDLEVILLE
PETITION TO REZONE LAND

Contact: Brian Urquhart, Zoning Administrator

Project #RZ: _____

Phone: 269.795.3385

Hearing Date: _____

Fax: 269.795.8889

Email: urquhartb@villageofmiddleville.org

Name: _____

Address: _____

Phone: _____

Name of Property Owner, if not Applicant: _____

Address of Property Requested to be rezoned: _____

Permanent Parcel No. of Subject Property: 08-41: _____

Legal Description: _____

Current Zoning: _____

Proposed Zoning: _____

Interest of Applicant in Subject Property: _____

Applicant's Reasons for Requesting a Rezoning: _____

Signature of Applicant: _____

Received By: _____

*****FOR OFFICE USE ONLY*****

Filing Fee \$: _____

Filing Date: _____