

City of Westland

MOHAMED AYOUB
DIRECTOR

ROGER SHIFFLETT
BUILDING OFFICIAL

KEVIN COLEMAN
MAYOR



**PLANNING & BUILDING
DEPARTMENT**

36300 WARREN RD
WESTLAND, MI 48185
734-467-3210

PLANNING@CITYOFWESTLAND.COM
BUILDING@CITYOFWESTLAND.COM

APPLICATION FOR REZONING

Application for **Rezoning** from _____ to _____

Applicant's Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Complete Description of Property: _____

Purpose for Request to Rezone: _____

Are you the legal owner of the property? _____ Yes _____ No (If not, legal owner must sign application.)

Signature of Petitioner

Print Name

Address of Petitioner

Signature of Legal Owner

Print Name

Address of Legal Owner

Date: _____

Instructions: One (1) copy of this application should be submitted to the Planning Division at least one (1) month prior to the meeting of the Planning Commission at which it is to be considered. The application must be accompanied by ten (10) copies of a conceptual site plan, property survey (folded to size of 9" x 12"), and any supporting documentation required by the Planning Division to illustrate the proposed use of the property to be rezoned. An electronic copy of all of these materials is also required. The fee is \$1200 for one acre of land or less, or \$1200 for land over one acre as fee for rezoning (check made payable to the City of Westland).