

**SCHOOLCRAFT COUNTY ZONING DEPARTMENT**

**Zoning Administrator**

*Tasha Rosebush*

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Phone: 906-341-3674

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**SCHOOLCRAFT COUNTY ZONING BOARD OF APPEALS  
REQUEST TO AMEND THE ZONING ORDINANCE**

Name	Township
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Street Address	City	Zip Code
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Amendment <u>Language</u> :

Zoning District(s) Affected:
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Please explain what type of amendment change you are requesting, and the reason for the request.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Phone No.:** \_\_\_\_\_ **Nighttime Phone No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*Note: All requests must be accompanied by \$225.00 hearing fee and \$375.00 advertising printing fee.**

**\*Fees for advertising will be returned if Planning Commission denies request (\$250.00)**

*The Schoolcraft County Planning Commission will hold a Public Hearing within 45 days to consider this request.*

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*Tasha Rosebush, Zoning Administrator*