

Required Fee: This petition shall be accompanied by a **non-refundable** Rezoning Fee of **\$100.00** payable to *Emmet County Zoning*.

The undersigned applicant certifies under oath that the foregoing information is true and correct.

Signature of Applicant/Owner/Developer (or Authorized Representative) *Date*

EMMET COUNTY ZONING ADMINISTRATOR APPROVAL:	
The Zoning Change is	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
as presented on the date:	_____
Signed:	_____ Zoning Administrator
Copy Sent to County Assessor on:	_____
Copy Sent to Applicant on:	_____
Zoning Change Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No

NWIPDC ZONING REVIEW/RECOMMENDATION:	
Date Application Received:	_____
Date Review Completed:	_____
This Zoning Change is:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Comments :	_____
Signed:	_____
NWIPDC Zoning Reviewer	