

3. Applicant Information:

Name: <i>Include Contact Person If Applicable</i>		Phone
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State Zip Code:	

4. Proposed Use of Site:

Attach additional pages describing the proposed use of the property for which a new zoning classification is requested. Explain reasons why the applicant believes a zoning reclassification should be granted.

5. Certification

I hereby certify that I am the owner of record of the named property, or that the proposed zoning reclassification is requested by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the Albion Planning Commission and Planning Department staff to inspect the site as a part of the consideration of this request. Finally, should a zoning reclassification be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State, Zip Code	

For Planning Department Use Only

6. Evaluation and Determination

PUBLIC NOTICE

<i>Public Notice in Newspaper</i>	<i>Letter to Nearby Properties</i>	<i>Public Hearing Date</i>
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PUBLIC HEARING

<i>Planning Commission Recommendation (In Favor, Opposed)</i>	<i>City Council FIRST Reading</i>	<i>City Council SECOND Reading</i>
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PLANNING DEPARTMENT APPROVAL/DENY

<i>Signature</i>	<i>Date</i>
<i>Notes</i>	<i>Stamp</i>