



Pierson Township
21156 W. Cannonsville Rd
Pierson, MI 49339
Ph. 616-636-8570
Fax 616-636-4911
www.piersontwp.org

Application for: _____ Zoning Change _____ Special Land Use
 _____ Variance _____ Other: _____

Date: _____ Fee: _____ Paid: _____

To: Township of Pierson, Montcalm County, Michigan

We: The Undersigned, hereby apply for _____

With respect to the following lands:

Legal Description (attach page if necessary): _____

Please attach an accurate drawing to show the affected land.

Address of property:

Location (describe):

Current Zoning District of Property: _____

Permanent Parcel Number: _____

Parcel Size: _____ Acres

(If a VARIANCE, note requirements of Section 21.06 of the Zoning Ordinance)

(If for REZONING, state zoning request)



State reason for application: _____

ALL OWNERS: CONTRACT PURCHASERS, OPTIONEES, LESSEES AND OTHER PARTIES
IN INTEREST, SIGN BELOW:

(Name)

(Street Address)

(City/State/Zip)

(Phone)

(Name)

(Street Address)

(City/State/Zip)

(Phone)

(Name)

(Street Address)

(City/State/Zip)

(Phone)



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----- For Township Use -----

Date/Initial Receipt: _____

Referred to: _____