

CENTERVILLE TOWNSHIP

DATE: _____
PAID: _____

REQUEST# _____
HEARING DATE: _____

ZONING ORDINANCE AMENDMENT REQUEST FORM

NAME OF PETITIONER

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER (HOME & BUSINESS)

1. ACTION REQUESTED:

I (WE), THE UNDERSIGNED, REQUEST A HEARING BEFORE THE CENTERVILLE TOWNSHIP PLANNING COMMISSION REQUESTING THAT CONSIDERATION BE GIVEN TO AN AMENDMENT OF THE TOWNSHIP ZONING ORDINANCE AS FOLLOWS:

2. PROPERTY INFORMATION:

ADDRESS OF PROPERTY

A.) PROPERTY TAX ID # AND LEGAL DESCRIPTION: _____

B.) NAMES OF PERSONS OR CORPORATIONS HAVING A LEGAL OR MONETARY INTEREST IN PROPERTY:

C.) THIS PROPERTY IS ___ UNPLATTED, ___ PLATTED (DEFINED AS A SUBDIVISION). IF PLATTED - NAME OF PLAT:

D.) LIST ANY DEED RESTRICTIONS AND/OR ASSOCIATION RESTRICTIONS:

E.) ATTACH A SITE PLAN SHOWING PROPERTY LAYOUT WITH ALL BOUNDARY DIMENSIONS AND THE RELATIONSHIP OF ALL ADJOINING PROPERTIES.

F.) PRESENT USE OF PROPERTY IS:

___ RESIDENTIAL I, ___ RESIDENTIAL II, ___ BUSINESS, ___ AGRICULTURAL,
___ RECREATIONAL, ___ COMMERCIAL RESORT

G.) PRESENT ZONING CLASSIFICATION OF PROPERTY:

___ RESIDENTIAL I, ___ RESIDENTIAL II, ___ BUSINESS, ___ AGRICULTURAL,
___ RECREATIONAL, ___ COMMERCIAL RESORT

H.) IF RELEVANT, WHAT IS THE REQUESTED NEW ZONING CLASSIFICATION?

___ RESIDENTIAL, ___ BUSINESS, ___ AGRICULTURAL, ___ RECREATIONAL,
___ COMMERCIAL RESORT

3. REASONS AND JUSTIFICATION FOR THE AMMENDMENT:

A.) STATE EXACTLY WHAT IS INTENDED TO BE DONE ON OR WITH THE PROPERTY WHICH NECESSITATES A CHANGE OF THE ZONING ORDINANCE:

4. DESCRIBE ANY SPECIFIC USES THAT ARE OR ARE NOT ALLOWED ON THE PROPERTY THAT YOU WOULD LIKE TO HAVE ALLOWED OR DISALLOWED.

5. IS THE AMENDMENT APPLIED FOR DUE TO UNIQUE CIRCUMSTANCES PRESENT ON YOUR PROPERTY OR TO GENERAL CONDITIONS IN THE AREA?

_____ OWN PROPERTY _____ GENERAL CONDITIONS

EXPLAIN ANY PECULIAR OR UNIQUE CONDITIONS, AND HOW MANY PROPERTIES IN YOUR AREA ARE SIMILARLY AFFECTED:

6. HOW DO YOU PROPOSE TO MINIMIZE ANY POTENTIAL NEGATIVE IMPACTS WHICH YOUR PROPOSED ACTIVITY MAY CAUSE TO SURROUNDING LAND AND NEIGHBORS?

7. ATTACH ANY ADDITIONAL COMMENTS IN SUPPORT OF THE REQUEST.

8. FEES:

This application is to be completed, accompanied by payment and returned to the Centerville Township Planning Commission Secretary at 7952 S. Rosinski Rd, Cedar MI, 49621, 231-228-8888. The fee is specified in the “Centerville Township Permit Fee Schedule” and can be obtained from the Zoning Administrator. If the application is complete, a representative of the Planning Commission shall contact the applicant to schedule a public hearing.

9. AFFIDAVIT:

The undersigned acknowledges that if the Ordinance is amended or other decisions favorable to the undersigned are rendered upon this request, the said decisions do not relieve the applicant from compliance with all other provisions and requirements of the Centerville Township Zoning Ordinance. The undersigned further affirms that he/she or they is/are the owner, lessee, or other type of interested party such as authorized agent for the owner involved in the request and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her/their knowledge and belief.

APPLICANT NAME: _____
(PLEASE PRINT)

APPLICANT SIGNATURE: _____

DATE: _____

IF APPLICANT IS OTHER THAN OWNER:

OWNERS NAME: _____
(PLEASE PRINT)

OWNERS SIGNATURE: _____

DATE: _____