

ZONING ORDINANCE TEXT AMENDMENT APPLICATION



CHOCOLAY TOWNSHIP

5010 US-41 South
Marquette, MI 49855
Phone: 906-249-1448 Fax: 906-249-1313
chocolay.gov

APPLICATION NUMBER

#34-____ - ____

APPLICANT INFORMATION

APPLICANT

Name _____

Firm / Organization _____

Address _____

City _____ State _____ Zip _____

Contact numbers _____

E-mail _____ Fax number _____

APPLICANT NOTES

Zoning Ordinance text amendments are used to change a specific development standard within one or more zoning districts. For example, a development standard for a neighborhood commercial zoning district may limit buildings to two stories. A zoning ordinance text amendment could be utilized to revise this development standard to allow three story buildings. It is important to understand a zoning ordinance text amendment will affect not only your property, but all other properties within the same zoning district.

This application for Planning Commission consideration must be submitted with the associated fee and any submittal information to the Zoning Administrator at least **30** days prior to the next scheduled Planning Commission meeting.

ORDINANCE SECTIONS TO BE AMENDED

The applicant proposes that the following section(s) of the Township *Zoning Ordinance* be amended:

PROPOSED ZONING ORDINANCE AMENDMENT

The applicant proposes the text be revised to accomplish the following purpose(s) and / or to read as follows:

APPLICATION CONDITIONS

1. I desire to apply for the zoning text amendment indicated in this application and that the information contained herein is true and accurate to the best of my knowledge.
2. I understand the fee is non-refundable and is to cover the costs associated with processing this application, and that it does not assure approval of the application.
3. I understand that a public hearing is required to be held by the Planning Commission, and I further understand that the Planning Commission may table action to a later meeting if the Commissioners determine that more information is necessary in order to take specific action on the proposed text amendment request.
4. I understand that the final decision in this process is made by the Planning Commission and the Township Board, and they may approve or deny the request.
5. I acknowledge that this form is but only an application for a zoning text amendment and the requested text will be valid only with procurement of approvals from the Planning Commission and the Township Board.

Owner / agent signature _____ **Date** _____

Name (print) _____

TOWNSHIP OFFICE

Parcel ID 52-02- _____ - _____ - _____ **Zoning District** _____

Application Charge \$300.00

Date paid _____ Receipt number _____

Public Hearing Notifications

Minimum of 30 calendar days prior to the Planning Commission meeting

Scheduled Planning Commission meeting date _____

Date public hearing notice to be published _____

Date notices to be mailed to the affected public _____

Date notice to be posted on the Township web site _____

Zoning Administrator signature _____ **Date** _____