

# REZONING APPLICATION



## CHOCOLAY TOWNSHIP

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

APPLICATION NUMBER

#34-\_\_\_\_-\_\_\_\_

### PROPERTY AUTHORIZATION

Property address \_\_\_\_\_

#### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail \_\_\_\_\_

#### APPLICANT (if different from property owner)

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail \_\_\_\_\_

If the applicant is not the property owner, the property owner grants permission for the applicant to act on the owner's behalf for this project.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPLICANT NOTES

A rezoning is generally used to develop a land use which is not permitted within a current zoning district. A rezoning will change the zoning classification of your site only. For example, in order to permit the development of a beverage bottling facility, a site could be rezoned from a commercial zoning district to an industrial zoning district, assuming the parcel to be rezoned is adjacent to a parcel that is zoned industrial.

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 wishes to propose that the identified property be rezoned from \_\_\_\_\_ to \_\_\_\_\_ because:

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**APPLICATION CONDITIONS**

1. I am the legal owner, or under control, of the property, for which this application is being submitted.
2. I desire to apply for the rezoning indicated in this application and that the information contained herein is true and accurate to the best of my knowledge.
3. The requested rezoning would not violate any deed restrictions attached to the property involved in the request.
4. 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.
5. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Planning Commission that may not be necessarily be the next scheduled meeting due to notification requirements.
6. I acknowledge that this form is only an application for a rezoning and rezoning will occur 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** \$400.00

Date paid \_\_\_\_\_ Receipt number \_\_\_\_\_

**Public Hearing Notifications**

*Minimum of 15 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** \_\_\_\_\_