

# 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:

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**PROPOSED ZONING ORDINANCE AMENDMENT**

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

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**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 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** \_\_\_\_\_