

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:

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 \$500.00

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** _____