

OFFICIAL USE ONLY

FEE PAID _____
DATE RECEIVED _____
PROJECT NAME _____

RECEIVED BY _____
REZONING NO. _____
PARCEL NUMBER(S) _____

**WILLIAMSTOWN TOWNSHIP
APPLICATION FOR ZONING AMENDMENT (REZONING)**

NOTICE TO APPLICANT: Applications for SITE PLAN REVIEW by the Planning Commission and Township Board must be submitted by noon no later than 21 business days prior to the Planning Commission meeting at which the proposal will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form), including 5 fully dimensioned folded site plans, one electronic version in pdf format plus the required review fees. Regular meetings of the Planning Commission are held on the third Wednesday of each odd numbered month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the second Wednesday of the month, at 6:00 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston, MI 48895. Phone number: (517)655-3193. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request an amendment to the Zoning Ordinance and Map of the Township of Williamstown for the parcel(s) described below, and provide the following information to assist the review.

NAME OF APPLICANT _____

MAILING ADDRESS _____

TELEPHONE _____

INTEREST IN PROPERTY (if not owner) _____

PROPERTY OWNERS (if different than applicant):

NAME(S) _____

MAILING ADDRESS _____

TELEPHONE _____

LOCATION OF PROPERTY:

STREET ADDRESS _____

SIDWELL (PROPERTY ID) NO. _____

PROPERTY DESCRIPTION _____

NOTE: If property is part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets if necessary.

PROPERTY SIZE _____ ACRES _____ SQUARE FEET

Application for Zoning Amendment (Rezoning) - Page 2

ZONING:

APPLICANT'S PROPERTY: EXISTING: _____

PROPOSED: _____

ADJACENT PROPERTIES

NORTH _____ **SOUTH** _____ **EAST** _____ **WEST** _____

PRESENT USE OF PROPERTY _____

PROPOSED USE OF PROPERTY (IF AMENDMENT IS APPROVED) _____

PLEASE PROVIDE THE FOLLOWING WITH APPLICATION:

- 1) 5 folded copies of plot plans, drawn to scale, consisting of the following:
 - a) A scale of not less than 1"=50', if the property is less than three acres, and 1"=100', if more than three acres. All plans must be drawn to an engineer's scale.
 - b) North point, date and scale
 - c) The dimensions of all lot and property lines, indicating the relationship of the subject property to abutting properties, including the zoning districts of abutting properties.
 - d) The shape, size, function and location of all buildings or other structures already on the parcel to be rezoned.
 - e) The location of all existing drives, parking areas, road rights -of -way and public or private easements.
- 2) Electronic Version of site plan in PDF on disc.
- 3) Proof of property ownership

PLEASE NOTE: The applicant or a designated representative must be present at all scheduled review meetings and public hearings, or the proposed zoning amendment (rezoning) will be tabled due to a lack of representation.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPROVAL OF THE ZONING AMENDMENT APPLICATION, OR TO REVOKE ANY PERMITS GRANTED SUBSEQUENT TO THE REZONING.

APPLICANT'S ENDORSEMENT:

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and Township Board will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

Signature of applicant(s) **Date**

Signature of owner(s) **Date**

IF JOINTLY OWNED, SIGNATURES OF ALL OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED.

THE FOLLOWING FACTORS WILL BE CONSIDERED BY THE PLANNING COMMISSION WHEN DECIDING UPON THE MERITS OF A ZONING AMENDMENT APPLICATION.

Applicant: Please respond to all of the factors, using separate sheets if necessary.

1. Whether or not the requested rezoning changes is justified by a change in conditions since the original ordinance was adopted or by an error in the original ordinance.
2. The precedents, and the possible effects of such precedents, which might result from approval or denial of the petition.
3. The capability of the Township or other government agencies to provide any services, facilities, and/or programs that might be required if the petition were approved.
4. Effect and/or impact of the approval of the petition on the condition (and/or particular circumstances, character or utility of other property in Williamstown Township) or in adjacent civil divisions.
5. Effect of approval of the petition on adopted development policies of Williamstown Township and other governmental units.

PLANNING COMMISSION RECOMMENDATION _____	DATE _____
TOWNSHIP BOARD ACTION _____	DATE _____
APPLICANT NOTIFIED OF DECISION _____	DATE _____
AUTHORIZED SIGNATURE _____	DATE _____

FEE: Residential: \$500.00 plus additional \$50.00 for each split possible over 3 parcels
Commercial: \$2500.00 (escrow deposit). Additional fund requirements will be made in increments of \$500