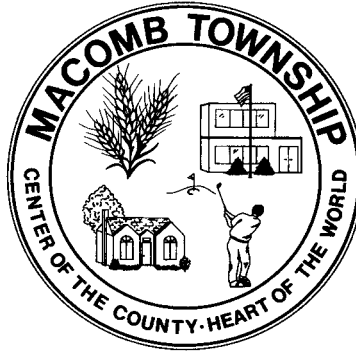


# MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 x 4



## APPLICATION PACKET FOR REZONING

### APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.

Please use only the forms provided with this application. No other forms, however similar, will be accepted.

The information contained herein represent requirements contained in the Macomb Township Zoning Ordinance #10.

**Michael D. Koehs, CMC**  
**Township Clerk**

## CHECKLIST OF DOCUMENTS REQUIRED FOR REZONING APPLICATION

Please place a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office.

- One (1) completed Rezoning Application form, found on page 3. This application must be dated, signed and submitted to the office of the Township Clerk.
- Payment of \$1,450.00, plus \$20.00 for each additional acre over two (2) acres. Please make your check payable to '**Macomb Twp. Treasurer**' (**Funds are non refundable**).
- One (1) written explanation for the Rezoning request. You may use the Documentation Supporting the Request form, found on page 4. You may wish to attach a separate letter of explanation if the space provided is not sufficient.
- One (1) original copy of the Affidavit of Ownership form, found on page 5.
- Two (2) copies of proof of interest in the land (i.e. Deed, Land Contract, Option/Purchase Agreement, etc.)
- One (1) completed Verification of Recorded Legal Property form, found on page 6. (**Applicant must have the Township Assessor verify the Legal Description by signing this document**).
- One (1) ***original*** fine-line, black-ink drawing on 8½" X 11" paper showing the parcel(s) proposed for rezoning in relation to the nearest streets or U.S. Government section corners.
- Advisement of availability of water lines and sewer lines to the land. (**Please answer the questions listed on the application**).

## REZONING REVIEW PROCESS

- Step 1:** Applicant submits completed application (see checklist to determine if complete)
- Step 2:** The Planning Commission will hold a Public Hearing on the request. Notices of the hearing will be published in the newspaper, sent to property owners within 300 feet of the subject property, and sent to all registered utility companies.
- Step 3:** After the Public Hearing, the Planning Commission shall report their recommendation to approve or deny the application to the Board of Trustees.
- Step 4:** The Clerk's Office shall notify the applicant of the Planning Commission's recommendation.
- Step 5:** The Township Board of Trustees will hold a second public hearing, notice of which shall be mailed to property owners in the same way as was for the Planning Commission. The hearing will also be published in a local newspaper.
- Step 6:** Township Board meets and holds the public hearing. They may act at the same meeting to approve, deny or table the application. Conditions may be imposed on a rezoning application (**see Notice # 5 below**), if requested in writing by the petitioner.
- Step 7:** Clerk's Office shall notify the applicant of the Board of Trustee's decision.
- Step 8:** If approved, a notice of adoption of the rezoning amendment shall be published in the newspaper within 15 days of the Board of Trustee's decision.

### **ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:**

1. **Attendance Required at Public Hearing.** The Macomb Township Planning Commission and Township Board of Trustees require the Applicant or the Applicant's Representative to be present at each Public Hearing; otherwise the item will be tabled to another meeting date.
2. **Planning Commission Policy Regarding Request To Table.** Should the petitioner request the tabling of a scheduled matter, an amount equal to one-half the original fee shall be charged. Said fee shall be remitted to the Township within ten working days of the rescheduling of the matter. If the fees are not paid, the matter shall be withdrawn from the agenda. There is no fee if the item is tabled by the Planning Commission or Township Board.
3. **Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with staff or planning consultant.
4. **Forms.** Please use only the forms provided with this application. No other forms, however similar, will be accepted.
5. **Notice of Changes in State Law.** P.A. 577 of 2004 became effective January 4, 2005 and amended the Township Zoning Act. More commonly known as the "Conditional Zoning Act", this Act was intended to allow land owners to voluntarily offer in writing certain use and development of land as a condition to a rezoning of the land or an amendment to a zoning map. A township shall not require a landowner to offer conditions as a requirement for rezoning. The lack of an offer under subsection (1) shall not otherwise affect a landowner's rights under this act, the ordinances of the township, or any other laws of this state.

## APPLICATION FOR REZONING

MACOMB TOWNSHIP PLANNING COMMISSION  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 4

**Only Complete Applications Will Be Accepted (PLEASE PRINT OR TYPE)**

**Permanent Parcel No. 08 -** \_ \_ - \_ \_ - \_ \_ - \_ \_ .

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Address of Property \_\_\_\_\_

Applicants' Representative Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(if different from applicant)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

Location of Property: \_\_\_\_\_  
(For example: the north side of 23 Mile Road and 1/4 mile east of Romeo Plank Road)

Property Frontage (in feet): \_\_\_\_\_ Depth of Property (in feet): \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Current Zoning Classification of Property: \_\_\_\_\_  
(See Macomb Township Zoning Map)

Requested Zoning Classification: \_\_\_\_\_

Purpose of request to rezone: \_\_\_\_\_

***Please answer the following questions:***

If subject rezoning were approved, would the proposed use meet the requirements set forth in the current Zoning Ordinance for the parcel without a variance? Yes  No

Is the subject property served by public water? Yes  No

Is the subject property served by public sewer? Yes  No

Are there:

1. Flood Plain(s) on subject property? Yes  No

2. Wetland(s)? Yes  No

3. Drain(s)? Yes  No

Name of drain(s) \_\_\_\_\_

Does the subject rezoning agree with the Macomb Township Master Plan? Yes  No



**AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to \_\_\_\_\_, it is necessary to establish the fee title holder's intention and desire to have the subject property receive Township approval.  
(Land contract, option, lease, etc.)

(I), (We), \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) intention and desire to have the property described within the attached application for \_\_\_\_\_ receive consideration by Macomb Township.  
(type of application to be filed)

(I), (We) further authorize \_\_\_\_\_ as a(n) \_\_\_\_\_  
(name of applicant) (recite applicant's interest in property)  
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

\_\_\_\_\_  
(name) (owner) (name) (owner)

\_\_\_\_\_  
(name) (owner) (name) (owner)

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**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:**

08 - \_ \_ - \_ \_ - \_ \_

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STATE OF MICHIGAN  
ss.  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared \_\_\_\_\_  
(name of applicant)  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_  
(he, she, they) (his, her, their)  
free act and deed.

\_\_\_\_\_  
Notary Public  
Macomb County, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in Macomb County, Michigan

**VERIFICATION OF RECORDED LEGAL PROPERTY**

**PROJECT NAME** \_\_\_\_\_

**Application To Be Filed (check off)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Variance           | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign            |
| <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Final Preliminary Plat     | <input type="checkbox"/> Certificate of Zoning Compliance |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Preliminary Plan Review    | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Final Plan Review          |   |
| <input type="checkbox"/> Revised Site Plan  | <input type="checkbox"/> House Move-on              |   |

**PERMANENT PARCEL NO. 08** - \_ \_ - \_ \_ - \_ \_ .

PUBLIC ROAD(S) FRONTAGE \_\_\_\_\_

ADDRESS OF PARCEL (if available) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

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**Do Not Write Below This Line – Assessor’s Use Only**

Is the property proposed for use properly recorded with Macomb Township?     YES         NO

COMMENTS:

\_\_\_\_\_  
**Dan Hickey, Township Assessor**