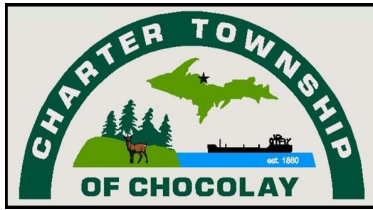


Rezoning Application

34-____-__



**Chocolay Charter Township
Planning and Zoning Department**
5010 US 41 South
Marquette, MI 49855
Phone: 906-249-1448 Fax: 906-249-1313

APPLICANTS(S): Complete this form by using the attached information sheet if needed and/or contact the Zoning Administrator for guidance. An application for a parcel rezoning by the PLANNING COMMISSION shall be submitted with the associated fee and any submittal information to the Planning/ Zoning Administrator at least thirty (30) days prior to the next scheduled Planning Commission meeting.

REZONINGS are 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.

Fee: \$400.00

Township Staff Use

NOTE: Incomplete Applications will not be accepted and notices required for public hearings will not be sent out until it has been verified that ALL of the information required is present at the time of the application—no exceptions!

Date request received: _____

Attach Copy of Letter and/or Application YES or NO

Hearing Date: _____ (Notice to published 15 days prior to hearing)

Date to Publish/ Post Notice: _____ Notice published YES or NO
(statute requires mailed notification to each public utility operating in the district or zone affected that registers with the Township Clerk for the purpose of receiving such notices.)

Date Fee Paid _____
Receipt # _____

To the Chocolay Township Planning Commission: I (We), the undersigned, do hereby respectfully petition and make application to the Chocolay Township Planning Commission to rezone our property located within Chocolay Township as hereafter requested, and in support of this application, the following facts are shown:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Property Address: _____ Parcel # 52-02- ____ - ____ - ____



Rezoning Application

34-____-__

Ordinance Sections:

I (We) wish to propose that parcel # 52-02-____-____-____ be rezoned from ____ to ____ because: (attach additional pages as necessary)

Multiple horizontal blue lines for writing the ordinance sections.

An application for a rezoning shall consist of the following:

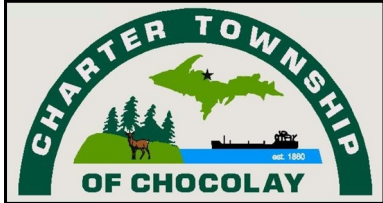
- ◆ A completed application form and receipt of fee payment, as provided by the Township
◆ Ten (10) copies of the Site Plan and prepared by a Certified Engineer or Surveyor at a scale not to exceed one (1) inch equals sixty (60) feet (1" = 60')
◆ Small scale sketch of properties, streets and use of land within 1/4 mile of the area
◆ A legal description, including parcel number, of the subject property
◆ Other materials as requested

SIGNATURE

I hereby certify the following:

1. 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 and that may not be necessarily be the next scheduled meeting due to notification requirements
2. I acknowledge that my representative or myself must appear before the Chocolay Township Planning Commission and subsequently the Chocolay Township Board to make a presentation covering all elements on the application.

____ (signature) _____ (date)



Rezoning Application

34-____-__

Planning Commission Use Only

The Chocolay Township Planning Commission at a meeting duly convened on ___/___/___ reviewed the facts in a Rezoning Application (#34- ___ - ___) for property #52-02- ___ - ___ - ___

WEREAS, the board held a public hearing, duly published on ___/___/___, and

WEREAS, at said public hearing all who were desired to be heard and their testimony recorded, and

WEREAS, all testimony had been carefully considered and the following pertinent facts noted:

NOW, THEREFORE BE IT RECOMMENDED, by the Chocolay Township Planning Commission that Application #34-____-____ be taken under consideration for approval by the Chocolay Township Board of Trustees.

Signature of Planning Commission Chairperson

Staff Use Only

Date forwarded to Township Board: ___/___/___

Meeting Date: ___/___/___ Date of Hearing: ___/___/___

(The township board may hold a public hearing if it wishes but such hearing is not required unless requested by an interested property owner by certified mail to the township clerk. If the certified request is received, notice of hearing is only required to be given to the interested property owner by mail 15 days prior to the scheduled date of meeting.

Where a hearing is scheduled by the township board on its own motion, a notice must be given by publication and mailing 15 days prior to the hearing.)

Date of publication after Adoption ___/___/___

(The notice of adoption shall be published within 15 days after its adoption)

Effective date of Amendment ___/___/___ (8 days after adoption publications)

Date entered into Ordinance Book ___/___/___