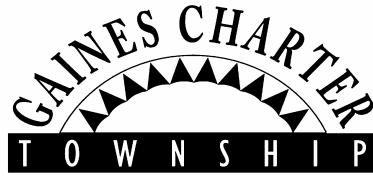


FILE NO.

Gaines Charter Township
8555 Kalamazoo Avenue SE
Caledonia, MI 49316
Phone (616)6986640 Fax (616)698-2490



Application for Zoning Approval

Project Address		
Owner Name		
Owner Address		
Parcel Number(s):	41-22-	41-22-
Description of Proposed Project/Use		

Applicant/Contact	
Phone/Email	
"I" hereby certify to the correctness and knowledge of the information submitted and hereby agree to comply with the terms and requirements of all applicable Township ordinances. I also grant Township staff permission to enter onto the subject property in review of this application	
Signature	
For Planning Commission/Zoning Board of Appeals requests, and Land Divisions/Combinations, please complete the appropriate Worksheet as part of your application packet – See staff for more information	

Township Use Only

Current Zoning District:	RL-14	RL-10	R-3	R-4	C-1	C-2	O-S	I-1	I-2	PUD	A-R	A-B
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<input type="checkbox"/> One/Two-Family Construction	<input type="checkbox"/> Rezoning/PUD Rezoning	<input type="checkbox"/> Land Division
<input type="checkbox"/> Special Use Permit Request	<input type="checkbox"/> PUD Amendment	<input type="checkbox"/> Text Amendment
<input type="checkbox"/> Zoning Board of Appeals Request	<input type="checkbox"/> Site Plan Review	
<input type="checkbox"/> Subdivision/Site Condo Review	Other _____	

DENIED _____	APPROVED _____	APPROVED, WITH CONDITIONS _____	WITHDRAWN _____
_____ ZONING ADMINISTRATOR SIGNATURE		_____ DATE	

FILE NO.

Site Plan

Please Show:

The property lines and their dimensions

The location, dimensions, setbacks, minimum building openings and distance between all existing and proposed structures

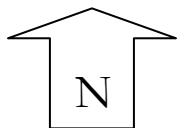
The gross floor area, listed by floor level, including basements.

The location of all roads bordering or private drives/easements on the property

The location of all bodies of water, easements, utility lines, sidewalks, drives, septic systems, drain, and other improvements

Please Note: Setbacks must be measured from the edge of the street right of way (which is not the edge of the pavement) or from the edge of an access easement. Staff reserves the right to determine whether or not an application is complete.

Place site plan in this area(*failure to do this may result in an incomplete application*)



Gross Floor Area Calculations

Main Floor: _____ Second Floor: _____ Basement: _____ Total: _____ Garage: _____

Rezoning Applicant Worksheet

FILE NO. _____

Please indicate the typ of rezoning that you are requesting

Text or Zoning Map Amendment Current Zoning District _____ Proposed Zoning District _____

Please submit a fully dimensioned map showing:
Land to be rezoned, with legal description, parcel numbers, present zoning district, the zoning district of abutting properties, and all public and private right of ways and easements bounding and intersecting the land to be rezoned.

Planned Unit Development (PUD) Rezoning
 Conditional Rezoning

For PUD and Conditional Rezonings please refer to the applicable section of the zoning ordinance for specific submittal requirements.

SIGNATURE OF ALL OWNERS (proof of ownership required)

_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE
_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE

General Rezoning Review Standards

1. Please explain how the existing zoning is in error and why the proposed amendment will correct this error.

2. Please explain changed or changing conditions in the area or in the Township that make the proposed amendment reasonably necessary to the promotion of the public health, safety and general welfare.

3. Please list all other circumstances, factors and reasons in support of the proposed amendment.

4. If this request is to amend the text of the current zoning ordinance, please indicate the section and the reason for the request here.
