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| FILE NO. |
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8555 Kalamazoo Avenue SE • Caledonia MI 49316
 Ph: 616 698-6640 • Fax: 616 698-2490
 www.gainestownship.org

Application for Zoning Ordinance Amendment/Rezoning

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|--------------------------------------------|-----------------------|-------------------------|
| Project Address | | |
| Owner Name | | |
| Owner Address | Street Address | City, State, Zip |
| Parcel Number(s): | 41-22- | 41-22- |
| Description of Proposed Project/Use | | |

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|----------------------------------|-----------------------------|-------------------------|
| Applicant/Contact | | |
| Applicant/Contact Address | Street Address | City, State, Zip |
| Contact Info | Home / Office / Cell | E-Mail |

"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.

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| Signature | |
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Please complete the appropriate Worksheet as part of your application packet (see Staff for more information) for: Planning Commission, Zoning Board of Appeals requests, Land Divisions, Combinations or Lot Line Adjustments.

Township Use Only

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|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|-----|-----|-----|-----|-----|-----|-------|-----|-----|
| 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 |
| One / Two Family Construction | <input type="checkbox"/> | Zoning Board of Appeals | <input type="checkbox"/> | Planning Commission | <input type="checkbox"/> | Land Combination | <input type="checkbox"/> | | | | | | | | | |
| Site Plan Review | <input type="checkbox"/> | Rezoning / PUD Rezoning | <input type="checkbox"/> | PUD Amendment | <input type="checkbox"/> | Land Division | <input type="checkbox"/> | | | | | | | | | |
| Subdivision / Site Condo Review | <input type="checkbox"/> | Special Use Permit | <input type="checkbox"/> | Lot Line Adjustment | <input type="checkbox"/> | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | |
| Approved | <input type="checkbox"/> | Approved with Conditions | <input type="checkbox"/> | Denied | <input type="checkbox"/> | Withdrawn | <input type="checkbox"/> | | | | | | | | | |
| Zoning Administrator: | | | | | | | | | | | | | | Date: | | |

Rezoning/ Ordinance Amendment Applicant Worksheet

File No. _____

For all rezoning requests, submit a fully dimensioned map showing:

- Legal description
- Parcel numbers
- Present Zoning District
- Zoning District of abutting properties
- All public and private right of ways, easements bounding and intersecting the land to be rezoned.

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| <input type="checkbox"/> Text or Zoning Map Amendment <input type="checkbox"/> Current Zoning District _____ <input type="checkbox"/> Proposed Zoning District _____ | <input type="checkbox"/> Planned Unit Development (PUD) Rezoning <input type="checkbox"/> Conditional Rezoning |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

For PUD and Conditional Rezoning's 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

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| 1. If the request to rezone is to correct an error, state the circumstances and how the proposed amendment will result in a correction. |
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| 2. Explain changed or changing conditions that make the proposed amendment reasonably necessary to the promotion of public health, safety and general welfare. |
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| 3. List circumstances, factors and reasons supporting the proposed amendment. |
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| 4. Indicate the section and reason for text amendments to the current Zoning Ordinance. |
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