



**CITY OF CHEBOYGAN, MICHIGAN
PETITION TO AMEND ZONING**

Petitioner: _____

OFFICE USE ONLY:

Address: _____

Date Received: _____

*Fee Received: _____

(*fee = \$450.00 – subject to change)

Cell Phone: _____

Email: _____

Please note: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

ACTION REQUESTED:

The petitioner requests the City of Cheboygan approve the following petition for a zoning amendment. This amendment is for a text amendment “A” or a change to the zoning map “B” or both.

- ___ A. Zoning text change
- ___ B. Zoning map change
- ___ A&B Both zoning text and map change

NOTE: The amendment may be adopted as proposed, further revised or not adopted.

A. Text amendment: Use another copy of this page for each different section being nominated for a text change.

This request is to change the text of section (§) _____

The change is shown below, using underlining or bold face, **like this**, to show new text, and strike out, ~~like this~~, to show words to be deleted:

additional sheets attached: ___yes ___no

Why, what is the purpose, of the proposed zoning text change? _____

B. Map change (rezoning): Use another copy of this page for each different area being nominated for rezoning.

This request is to rezone land from: _____ to _____

Property Information:

Legal Description of land to be rezoned: _____

___ attach additional sheets, if necessary
___ attach copy of map showing proposed change

Property size: _____

Parcel (tax) number: 16 - _ _ _ - _ _ _ - _ _ _ - _ _ _

Address(es) of the property: _____
(If new construction and address not known yet, an address will be assigned by the Assessor upon issuance of the Zoning Permit)

A. Attach or list all deed restrictions for the property at question: _____

___ additional sheets attached

B. List names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property at question: _____

___ additional sheets attached

C. This area is ___ unplatted, ___ platted, ___ will be platted. If platted, name of plat:

D. What is the present use of the property? _____

STATEMENT TO JUSTIFY THE PROPOSED AMENDMENT:

State specifically the reason for the proposed amendment at this time: _____

Will the zoning amendment conform with the City of Cheboygan Land Use Master Plan? yes no

If yes, explain how: _____

If the zoning amendment does not conform with the land use plan, why should the change be made, or why should the land use plan also be amended to accommodate this proposed zoning amendment. Be specific, brief and document statements. Indicate if the existing zoning is in error, or if conditions have changed to warrant amending the zoning ordinance: _____

additional data attached

What will the impacts of the zoning amendment anticipated to be on all landowners in the zoning district affected by the amendment? _____

List and describe the attached sheets:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The undersigned affirms that he/she is the petitioner or agent representing the petitioner requesting the zoning change and that the answers and statements contained herein are true.

Signed: _____

Date: _____

Please call 231-627-9931 with any questions on the completion of this form.

In reviewing an application for the rezoning of and, whether the application be made with or without an offer of conditions or, in considering any rezoning on the initiative of Council or the Planning Commission, factors that shall be considered by the Planning Commission and the City Council include, but are not limited to, the following:

- _____ 1. Whether the reasoning is consistent with the policies and uses proposed for that area in the City's Master Land Use Plan;
- _____ 2. Whether all of the uses allowed under the proposed rezoning would be compatible with other zones and uses in the surrounding areas;
- _____ 3. Whether any public services and facilities would be significantly adversely impacted by a development or use allowed under the requested rezoning; and
- _____ 4. Whether the uses allowed under the proposed rezoning would be equally or better suited to the area than uses allowed under the current zoning of the land.

(Planning Commission or City Council to check off the above, if met.)

Date Application & Public Hearing heard by the Planning Commission: _____

Planning Commission's recommendation and conditions (if any):

Date voted on by City Council: _____

City Council's decision and conditions (if any):
