

**PORTER TOWNSHIP
Cass County, Michigan**

See page 2 for mailing instructions and other communications information.

REQUEST TO REZONE PROPERTY

Important Notice to Applicants: *A minimum of 2 copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. The application must be completed in full. If additional space is needed, number and attach additional sheets.*

Name Street Address City/State/Zip Code Telephone #

1) **APPLICANT** _____

Other numbers: Land Line: _____ Cell: _____ Fax: _____

2) **LANDOWNER** _____
(if different than applicant)

3) **APPLICANT'S INTEREST IN PROPERTY** (check one); Owner Lessee Buy Option
 Other/Specify: _____

4) **PROPERTY INFO:**
Street Address: _____ Tax Parcel #: _____
Deed Restrictions on Property (Check one): Yes No Acreage: _____

Is Property in a (check if "yes"): platted or condominium subdivision? Subd. Name: _____

Present use: _____

5) IDENTIFICATION OF ZONING DISTRICTS

	CURRENT ZONING DISTRICT	REQUESTED
	<u>Existing</u>	<u>New</u>
LR Lake Residential	<input type="checkbox"/>	<input type="checkbox"/>
R-1 Residential	<input type="checkbox"/>	<input type="checkbox"/>
R-2 Residential	<input type="checkbox"/>	<input type="checkbox"/>
I Industrial	<input type="checkbox"/>	<input type="checkbox"/>
A Agricultural	<input type="checkbox"/>	<input type="checkbox"/>
C Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Park, Campground, Recreational	<input type="checkbox"/>	<input type="checkbox"/>

6 SUPPORTING DOCUMENTS: The following must accompany each copy of this application form. Each supporting document must include the name and address of the applicant.

- A. Plan/Statement of Analysis: Plan and supporting information (including a legal description) is required. A statement of analysis must also be included addressing the anticipated impact upon community facilities (such as schools and infrastructure), the anticipated new traffic generation (if any) and anticipated impact upon neighboring land uses and streets.
- B. Proof of Property Ownership/Interest/Other Party Information: Proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property, and the names, addresses, phone numbers of all other persons or entities having legal or equitable interest in the property including written authorization by the landowner for a person to act on behalf of the landowners (if applicable).
- C. Deed Restrictions: Copy of any existing and proposed deed restrictions on the property.

- D. Utilities/Access: Permits/evidence demonstrating municipal approval of water supply and sewage disposal system, and any State Highway or County Road Commission approval for new driveways or curb cuts made necessary by the proposed use.
- E. Submittals to State Agencies: If rezoning requires permission of Michigan Department of Environmental Quality; Michigan Department of Transportation; Michigan Department of Agriculture and Rural Development; Michigan Department of Natural Resources, please provide copies of submittals made to such state agency and status of approval for same.
- F. Submittals to County Agencies: If rezoning requires permission of County Drain Commissioner; County Soil Erosion; County Health Department or other County Agency; please provide copies of submittals made to such state agency and status of approval for same.

I (we) the undersigned authorize the Zoning Administrator, Building Official, Township Officials including planning commissioners, and any other person authorized by the Zoning Administrator to enter onto the property for purposes of observing it and to allow the Township to ascertain facts pertinent to analyzing this request.

Applicant Signature(s) Date	Property Owner's(s) Signature(s) Date (if different than applicant)

MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES
 This application must be returned with a payment (check) for all applicable fees to the following address:

Connie Dalrymple, Zoning Administrator,
 Porter Township
 69373 Baldwin Prairie Road P.O. Box 517, Union, MI 49130

Telephone: 269-641-2375 Fax : 269-641-2571

Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Porter Township".

SPACE FOR TOWNSHIP USE ONLY

Application Number: _____ **Tax Parcel #:** _____

Date(s) Received: _____

Fees Paid:	Date	Amount	Check #	Receipt #

Master Plan/Future Land Use Plan Zoning District: _____

Actions Taken:

Date:	Action Taken by	(approved, denied, approved w/conditions, tabled, etc)

OTHER COMMENTS: