

FEE: \$300.00

REZONING APPLICATION

City of White Cloud

12 N. Charles, White Cloud, MI 49349

Phone: (231) 689-1194 fax: (231) 689-2001 email: zoning@cityofwhitecloud.org

Applicant Information:

Name(s) _____ Owner/Agent/Other Interest (circle one)

Address _____

Phone _____ Email address _____

Property Owner Information: (if different from applicant)

Name(s) _____

Address _____

Phone _____ Email address _____

Property Information:

Address/Location _____

Property Tax ID Number _____

Current Zoning District _____ Requested Zoning District _____

Master Plan Future Land Use Designation _____

Required attachments:

- Legal Description
- Registered Deed
- Site drawing of the property (including approximate property lines, locations of all buildings/structures, easements or public right of way, driveways, and bodies of water, creeks, ponds etc with property boundaries)

All questions must be answered completely.

If additional space is needed, number and attach additional sheets: Number of attached sheets: _____

The Planning Commission will consider all information provided in this application and all criteria listed in the White Cloud Zoning Ordinance Chapter 18 Section 18.05.

What is the present use of the property?

Please describe the nature and reason for this request:

Specifically state the problem, decision sought, and the justification for the request:

Staff use only: Date Filed _____ Fee _____ Planning Commission meeting date _____

Can, in your opinion, the property be put to a reasonable economic use with the current zoning? If not why?

What, if any, identifiable conditions related to the application have changed since the adoption of the current zoning maps, which justifies the proposed amendment?

If your request is granted, what are the likely positive and negative impacts of this decision on surrounding land and neighbors?

How do you propose to minimize any potential negative impacts that your proposed activity may cause?

Does the petitioned district change adversely affect environmental conditions?

What is the impact of the amendment if approved on the ability of the City and other governmental agencies to provide adequate public services including streets, sanitary sewers, storm water, sidewalks and street lighting?

Does the petitioned district change generally comply with the adopted City Master Plan?

AFFIDAVIT

I acknowledge that if this rezoning is granted the decision does not relieve me from compliance with all other laws and requirements. I affirm that I am involved in this application and that the answers and statements herein contained and the information provided is true, accurate and correct. I understand that if it is not, this application and any approvals are void. I hereby give city officials permission to inspect the property to verify information and to verify compliance with rules and conditions.

Applicant(s) Signature(s)

Date

Applicant(s) Signature(s)

Date