

NEW BUFFALO TOWNSHIP

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New Buffalo, Michigan 49117
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For Office Use Only

Fee _____
Receipt No. _____
Date Rec. _____
Hearing Date _____
Planning Commission Action: _____

Date: _____
Tax Code: _____

PETITION FOR ZONING AMENDMENT

IDENTIFICATION

APPLICANT:

Name _____ Telephone _____
Address _____ City/State/Zip _____

Please Note: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is _____.

I. ACTION REQUESTED

I (We), the undersigned, do hereby request that the New Buffalo Township Board of Trustees approve the following petition for zoning amendment:

A. Text Amendment: Amend Article _____ Section _____ To: _____
Delete: _____ Supplement _____ Clarify the New Buffalo Township Zoning Ordinance by making the following changes(s):

B. Rezone from _____ to _____ the property(s) described in II for the following purpose: (state proposed use of the land)

C. If a previous appeal, rezoning, or special use permit application was made, state the date, nature of action requested and decision:

Date _____ Action Requested _____

Decision (approved/denied) _____

II. PROPERTY INFORMATION

A. Legal description of property(s) proposed to be rezoned:

Address of Property _____

B. List all deed restrictions:

C. List names and address of all other persons, firms, or corporations having a legal or equitable interest in the land.

D. This area is _____ unplatted, _____ platted, _____ will be platted.

If platted, name of plat _____

E. Attached a site plan(s) drawn to scale and all other information required by Article XVI of the New Buffalo Township Zoning Ordinance.

F. Present use of the property is _____

III. STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

A. State specifically the reason for this amendment request at this time:

B. If the amendment is a proposed rezoning, please answer the following questions:

1. Will this rezoning be in conformance with all adopted development plans of New Buffalo Township? _____ Yes _____ No

2. If the proposed zone does not conform to the(se) plan(s), why should the change be made? Please be specific, brief and attach any supporting documentation which substantiates your claim. This could include an allegation that the existing zoning is in error which would be corrected by the proposed change, or that specific changes or changing conditions in the immediate area or in the township make the rezoning necessary to the promotion of the public health, safety and general welfare.

3. What do you anticipate the impacts of the proposed zone change on the adjacent property to be? What steps do you propose to take to mitigate any negative impacts associated with the proposed change?

IV. AFFIDAVIT

The undersigned affirms that he/she/they is/are the _____ (owner, lessee, or other type of interest) involved in the Petition and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her/their knowledge and belief.

_____	Applicant Signature
_____	Date
_____	Applicant Signature
_____	Date
_____	Applicant Signature
_____	Date
_____	Applicant Signature
_____	Date