CITY OF ALBION—APPLICATION FOR ZONING RECLASSIFICATION

City of Albion Planning Department (517) 629-7189
SAFEbuilt, Inc. (*building and trade inspections*) (269) 729-9244

Application Instructions: Complete all sections of this form. Type or use black ink. No application will be considered submitted or processed by the Planning Department until a complete application and all required documents are received.

Required Documents:

- Two set of plans, drawn to scale in black line or blueprint, showing the:
  - shape and dimensions of the lot to be built upon or to be changed in its use,
  - exact location, size, and height of all buildings or structures (including fences) on the lot,
  - location of sidewalks, public streets, and curb cuts,
  - location and dimensions of improved driveways and parking areas.
- A list of the names and addresses of the last known owners, as shown on the records of the assessor, and a map of all properties including a list of names and addresses of the occupants, lying within three-hundred (300) feet of any part of the property the zoning classification of which is proposed to change.
- Proof of payment for Zoning Reclassification application fee.

Fee: **$375.00**

FOR OFFICE USE ONLY

Permit #:

20____ - _____

Stamp here for "Date Received"

Received by

Deposit to Account. #101-422-483.00

Stamp here for "Paid"

Amount:

Stamp here for "Approved/Deny"

Date

Additional Instructions: The applicant, or a representative with a letter of authority or power of attorney for the applicant, must be present at a meeting of the Albion Planning Commission and at a public hearing concerning this application.

1. Property Information: Property Currently Zoned:

Street Address: *Use Complete Street Address, e.g. 101 North Main Street*		Parcel Number
Present Zoning District	Present Use of Site: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other (describe)	
Requested Zoning District	Proposed Use of Site: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other (describe)	

2. Owner Information:

Name: *Include Contact Person If Applicable*		Phone
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State Zip Code:	

3. Applicant Information:

Name: *Include Contact Person If Applicable*	Phone
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State Zip Code:

4. Proposed Use of Site:

Attach additional pages describing the proposed use of the property for which a new zoning classification is requested. Explain reasons why the applicant believes a zoning reclassification should be granted.

5. Certification

I hereby certify that I am the owner of record of the named property, or that the proposed zoning reclassification is requested by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the Albion Planning Commission and Planning Department staff to inspect the site as a part of the consideration of this request. Finally, should a zoning reclassification be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State, Zip Code	

For Planning Department Use Only

6. Evaluation and Determination

PUBLIC NOTICE

Public Notice in Newspaper	*Letter to Nearby Properties*	*Public Hearing Date*

PUBLIC HEARING

Planning Commission Recommendation (In Favor Opposed)	*City Council **FIRST** Reading*	*City Council **SECOND** Reading*

PLANNING DEPARTMENT APPROVAL/DENY

Signature	*Date*
Notes	*Stamp*

Revised 02-10-10