Cashier Validation 103

215 WEST MAIN STREET
NORTHVILLE, MI 48167
248-449-9902

PETITION FOR ZONING DISTRICT BOUNDRY CHANGE (Property Rezoning/zoning Map Amendment)

Application Submission Requirements and Procedures to Appear Before the Planning Commission

- Complete the application and sign.
- Make 15 copies of the application and all backup documentation (i.e. narrative, sketch, drawings, plot plans etc.) and assemble into 15 identical packets. Application must be on top and backup documents must be folded to the same size as the application. Submissions in folders, binders, etc. will not be accepted. **A PDF file that exactly matches the paper submission also emailed to jquagliata@ci.northville.mi.us by submission deadline**. **NO THUMB DRIVES OR FLASH DRIVES accepted**
- Submit the documents to the Building Department no later than 4:00 p.m. the day of the deadline as posted on the City's website www.ci.northville.mi.us and at the Building Department, as submission deadlines may be moved to accommodate holidays and newspaper publication schedules.
- Planning Commission meetings are held the 1st and 3rd Tuesdays of the month at 6:30 p.m. in the City Council Chambers. If there is a change in date or location, it will be posted on the City's website and at City Hall.
- The applicant or a representative should be present at the meeting to answer any questions the commissioners may have. Presentation boards or other large items can be brought to the meeting to help the commissioners in the decision making process.

1. PROPERTY INFORMATION

A. The undersigned applicant does hereby petition to change the zoning on the following legally described property (attach sheets if necessary to provide full legal description)

_____

_____

_____

_____

B. Address: _____

_____

Tax Parcel Id # _____

_____

C. The applicant requests that the zoning map be amended to re-classify property

From Current Zoning _____

To Proposed Zoning _____

For Proposed Use_____

D. A plot plan of this property, showing both existing zone boundaries and those proposed, is attached and made part of this petition. ☐ **Yes.**

E. Said property has the following deed restrictions affecting the use thereof:

_____

_____

Said deed restrictions will expire on _____

II. STATEMENTS AND FACTS TO SUPPORT PETITION REQUEST

The responses to the following must be completed in full. Attach additional pages if necessary.

A. Whether the rezoning is consistent with the policies and uses proposed for that area in the City's Master Land Use Plan. If conditions have changed since the Master Plan was adopted, the consistency with recent development trends in the area as well as other factors or conditions which may have changed.

_____

_____

_____

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B. Whether all of the uses allowed under the proposed rezoning would be compatible with other zones and uses in the surrounding area.

_____

_____

_____

_____

C. Whether any public services, facilities, traffic flow, or natural features would be significantly and adversely impacted by a development or use allowed under the requested rezoning.

_____

_____

_____

_____

D. 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.

_____

_____

_____

_____

E. Whether the condition and/or value of property in the City or in the adjacent communities would be significantly and adversely impacted by a development or use allowed under the requested rezoning.

_____

_____

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_____

F. Whether or not the requested zoning change is justified by a change in conditions since the original ordinance was adopted or by an error in the original ordinance.

_____

_____

_____

_____

G. Whether precedents might result from approval or denial of the petition, and the possible effects of such precedents.

_____

_____

_____

_____

III. PROPERTY OWNERS STATEMENT

The following must be completed or application will not be accepted:

☐ **Proof of ownership of property concerned** consisting of Title Insurance, Purchase Agreement is included with this application. Must have the names of the principal owners involved in any corporation, partnership, etc.

The undersigned says that he/she is the owner, lessee or other specified interest involved in this petition and that the forgoing answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/ her knowledge and belief.

Owner Signature_____Date_____

Print Owner Name _____Phone Number_____

Email Address_____

IV. APPLICATION CHECK LIST – app and supporting documents must be assembled into identical packets.

☐ Application completed in its entirety and signed. Unsigned applications will not be accepted.

☐ Sketches, Plans, etc. hard copy

☐ Proof of ownership (required)

☐ All of the above assembled into 15 identical packets- no folders, binders, etc.
(App on top and supporting documents attached)

☐ PDF file that exactly matches the paper submission emailed to jquagliata@ci.northville.mi.us.
NO THUMB DRIVES OR FLASH DRIVES accepted

☐ Fee – must be paid when application is filed. – Applications submitted without fees are not considered a timely submission, and shall be deferred to a future meeting.

I hereby certify that the owner of record authorizes the proposed work and that the owner has authorized me to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. The applicant hereby expressly acknowledges and agrees that by signing this document, the applicant is fully responsible for any and all fees, costs, and/or expenses which are associated with this application whether approval of the application is granted or not. In the event that the City of Northville is required to take any type of action, legal or otherwise, to collect any amount due or owing by the applicant, then the applicant expressly agrees to pay for any and all costs and expenses, including attorney fees, incurred by the City of Northville in having to collect any such amount due or owing by the applicant.

This section must be completed and signed or application will not be accepted.

PRINT name of applicant	Signature
Applicant full legal name (individual or company)	Email address (follow up communication is via email)
Applicant's Complete Address	
Relationship to owner	Phone Number

CITY USE ONLY

A. Action taken by the Planning Commission

1. **Application forwarded to Planning Commission** _____
2. **Date public hearing was published** _____
3. **Date public hearing was held** _____
4. **Recommendation of the Planning Commission** _____

B. Action taken by the City Council

1. **Date acted on by the City Council** _____
2. **Action of the City Council** _____
3. **Date Zoning Ordinance text amendment effective** _____
4. **Ordinance Number** _____