Request to Rezone
Filing Fee: $ 1,250

Fort Gratiot Charter Township
PETITION TO REZONE

File Number: _____

Please complete in full the information below. Return this application, filing fee, and the appropriate attachments to the Office of Community Development. The application must be received at least thirty days prior to the next regularly scheduled meeting. A public hearing will only be scheduled if the submittal is complete.

Property Owner	Applicant *(If Not Owner)*
Mailing Address	Mailing Address
City/State/Zip	City/State/Zip
Phone Email	Phone Email
Alternate Contact Info	Alternate Contact Info

This application must be signed by the property owner(s.) In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner(s.)

Current Zoning of Property		Parcel Identification Number(s) 74-20-	
Proposed Zoning of Property		Street Address or Location:	
Township Master Plan Zoning Designation	Is this proposed rezoning consistent with the Fort Gratiot Master Plan? ☐ Yes ☐ No	Total Acreage of Site:	Total Acreage to Rezone:
Zoning of Surrounding/Adjacent Parcels N:_____ S:_____ E:_____ W:_____		Proposed Use (if known)	

Required Attachments. All attachments shall also be submitted electronically, via email or USB drive. Faxed copies are not accepted.

A statement indicating why the change requested is necessary for the preservation and enjoyment of substantial property rights and why such change will not be detrimental to the public welfare, nor the property of other persons located in the vicinity, thereof, and specifically:

1. Is the change in conformance with the Township Master Use Plan?
2. Is the change contrary to the established land use pattern?
3. Would change create an isolated district unrelated to similar districts? (i.e., is this "*spot zoning*")?
4. Would change alter the population density pattern and thereby increase the load on public facilities, e.g. schools, water, sewer?
5. Will the change adversely influence living conditions in the surrounding area?
6. Will the change create or excessively increase traffic congestion?
7. Will the change be a deterrent to the improvement or development of adjacent property in accord with existing regulations?
8. Will the change constitute a grant of a special privilege to an individual as contrasted to the general welfare?
9. Three (3) sets not greater than a scale of 1" = 20', and seven (7) sets of 11 x 17 of a survey or scaled sketch with the legal description of all land included in the request. If the request is not speculative and has a proposed use, the survey/sketch shall also include a basic site layout of the proposed use, including buildings and ingress/egress points.

If the change is being requested for a specific use, these additional items shall be addressed in the statement, and survey/scaled drawings submitted as follows:

1. Are there substantial reasons why the property cannot be used in accord with existing zoning?
2. Is the change requested out of scale with the needs of the neighborhood or community?
3. Is it impossible to find adequate sites for the proposed use in existing districts permitting such use?
4. Will the proposed use meet the schedule of district regulations set forth for such a use/zone? Attach sketch or survey.
5. If special land use approval is required for the proposed use, can the requirements be met?
6. Are public utilities, such as sewer and water, available?

The undersigned deposes that foregoing statements, answers, and accompanying information are true and correct and grants permission for authorized township representatives, Planning Commissioners and the Zoning Administrator to enter the above described property/properties for the purposes of gathering information related to this application.

LEGAL OWNER SIGNATURE _____ APPLICANT SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Date Received	Publication/Mailing Date	Public Hearing Date Recommendation: ☐ Approve ☐ Deny ☐ Postpone
Date to SCC Metro Planning Recommendation: ☐ Approve ☐ Deny ☐ Further Review	Date of Twp Board Meeting-Introduction of Ordinance Action: ☐ Approve ☐ Deny ☐ Refer back to PC	Date of Twp Board Meeting-Adoption of Ordinance ☐ Approved ☐ Denied