

Request to Rezone
Filing Fee: \$ 1,250 PD

Fort Gratiot Charter Township PETITION TO REZONE

File Number: 24-001

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 <u>Remberto Campos</u>		Applicant (If Not Owner)	
Mailing Address <u>2104 Stone St</u>		Mailing Address	
City/State/Zip <u>Port Huron MI 48060</u>		City/State/Zip	
Office Phone	Mobile <u>(810)937-8416</u>	Office Phone	Mobile
Email <u>rem6189@gmail.com</u>		Email	
Current Zoning of Property <u>R1B-SINGLE FAMILY RESIDENTIAL</u>		Parcel Identification Number(s) <u>74-20-021-3027-000</u>	
Proposed Zoning of Property <u>C-1 Neighborhood Business</u>		Street Address or Location: <u>4007 Pine Grove rd, Fort Gratiot</u>	
Fort Gratiot Master Plan Zoning Designation <u>LOW DENSITY RES.</u>	Is this proposed rezoning consistent with the master plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total Acreage of Site:	Total Acreage to Rezone:
Zoning of Surrounding/Adjacent Parcels N: <u>R1B</u> S: <u>C2</u> E: <u>C2</u> W: <u>R1B</u>		Proposed Use (if known) <u>Mixed Use - residential and retail/office</u>	

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

A. Three (3) sets not greater than a scale of 1" = 20', and seven (7) sets of 11 x 17 of a survey/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.

B. A statement demonstrating 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 contrary to the established land use pattern?
2. Will the change create an isolated district unrelated to similar districts? (i.e., is this "spot zoning")?
3. Will the change alter the population density pattern and thereby increase the load on public facilities, e.g. schools, water, sewer?
4. Will the change create or excessively increase traffic congestion?
5. Will the change adversely influence living conditions in the surrounding area?
6. Will the change be a deterrent to the improvement or development of adjacent property in accord with existing regulations?
7. Will the change constitute a grant of a special privilege to an individual as contrasted to the general welfare?
8. Are there substantial reasons why the property cannot be used in accord with existing zoning?
9. Is the change requested out of scale with the needs of the neighborhood or community?
10. If there is a proposed use: Is it impossible to find adequate sites for the proposed use in existing districts permitting such use?
11. Will the proposed use meet the schedule of district regulations set forth for such a use/zone?
12. If special land use approval is required for the proposed use, can the requirements be met?
13. 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 to enter the property for the purposes of gathering information related to this application. This application will not be processed until authorized by the property owner(s.)

Remberto Campos
LEGAL OWNER SIGNATURE OR AUTHORIZATION LETTER

Remberto Campos
APPLICANT SIGNATURE

12/26/23
DATE

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Date Received <u>12/29/2023</u>	Publication/Mailing Date	Public Hearing Date <u>02/13/2024</u>	Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Postpone	SCC Metro Planning Date	Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Further Review
Date of Twp Board Meeting-Introduction	Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Refer to PC	Date of Twp Board Meeting-Adoption	Action: <input type="checkbox"/> Adopted <input type="checkbox"/> Denied	Effective Date	Ordinance No.:

FORT GRATIOT PLANNING COMMISSION REZONING REQUEST

Along with the completed application, and a sketch or survey if required, please submit a statement of compliance with the standards, below. The Fort Gratiot Planning Commission holds a public hearing and makes a recommendation, and then forwards the complete copy of the packet, including draft minutes, to the St. Clair County Metropolitan Planning Commission (SCCMPC.) Pursuant to the Michigan Zoning Enabling Act, the SCCMPC has 30 days to review and make recommendation. Upon receipt of the recommendations from the Fort Gratiot and St. Clair County planning commissions, the Fort Gratiot Board of Trustees will introduce the proposed rezoning, which is considered a map amendment, for approval at a regular meeting. If approved, the amendment will be published and after publication, can be formally adopted at the next meeting.

Contact Remberto Campos	Parcel ID No: 74-20-021-3027-000
Current Zoning of Property Single Family Residency	Proposed Zoning of Property C-1 Neighborhood Business
Fort Gratiot Master Plan Zoning Designation	Street Address or Location: 4007 Pine Grove rd.

STANDARDS FOR DETERMINATION

1. Will the proposed rezoning be in general conformity with the Master Plan?

Yes, The rezoning would conform with the master plan

2. Would the rezoning constitute a spot zone granting a special privilege to one landowner not available to others?

3. Has there been a change of conditions in the area supporting the proposed rezoning?

No, it will not change the conditions of the area

4. Is the change contrary to the established land use pattern?

No, it will be residential on the top floor & low density commercial on the bottom floor.

5. Is the change requested out of scale with the needs of the neighborhood or community?

No, it is not out of scale of the neighborhood.

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6. Will the change be a deterrent to the improvement or development of adjacent property in accord with existing regulations?

No, the changes will not impede any improvement on the adjacent properties.

7. Will the proposed rezoning substantially decrease the value of or be out of harmony with property in the neighboring area?

No, contradictory of that would increase the value of the properties around.

8. Will the rezoning severely impact traffic, public facilities, and the natural characteristics of the areas, or significantly change population density?

No, I propose to have a two bedroom apartment & a studio on the second floor & a low density commercial on the bottom floor.

This request indicates that the reason for the rezoning is for proposed use of a senior living facility:

9. Are public utilities, such as water and sewer, available?

The rezoning request is not for a senior living facility

10. Is the proposed use appropriate according to the permitted uses for the proposed zoning district?

11. If special land use approval is required for the proposed use, can the requirements be met?

Yes, I will meet any requirement