

CITY OF WALLED LAKE

Rezoning Application

2014



**CITY OF WALLED LAKE
APPLICATION FOR REZONING**

NOTICE TO APPLICANT: Applications to amend the Zoning Map must be submitted to the City *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission’s meeting at which the proposal will be considered. Petitions for rezoning of a specific site shall be accompanied by a plot plan or survey with a legal description, plus the required fees. Regular meetings of the Planning Commission are held on the second Tuesday of each month at 7:30 p.m. All meetings are held at the Walled Lake City Hall, 1499 E. West Maple Road, Walled Lake, Michigan 48390. Phone number (248) 624-4847.

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request an amendment to the Zoning Map and provide the following information to assist in the review:

Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

Telephone: _____ Fax: _____

Applicant’s Legal Interest in Property: _____

Location of Property: Street Address: _____

Nearest Cross Streets: _____

Sidwell Number: _____

Property Description:

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., “acreage parcel”), provide metes and bounds description. Attach separate sheets if necessary.

Property Size: (Square Feet): _____ (Acres) _____.

Existing Zoning (please check):

- | | | | |
|-------------------------------|--------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> R-1A | Single Family Residential District | <input type="checkbox"/> C-2 | General Commercial District |
| <input type="checkbox"/> R-1B | Single Family Residential District | <input type="checkbox"/> C-3 | Central Business District |
| <input type="checkbox"/> RD | Two Family Residential District | <input type="checkbox"/> O-1 | Office District |
| <input type="checkbox"/> RM-1 | Multiple Family Residential District | <input type="checkbox"/> CS | Community Service District |
| <input type="checkbox"/> RM-2 | Multiple Family Residential District | <input type="checkbox"/> I-1 | Limited Industrial District |
| <input type="checkbox"/> MH | Mobile Home District | <input type="checkbox"/> P-1 | Vehicular Parking District |
| <input type="checkbox"/> C-1 | Neighborhood Commercial District | | |

Requested Zoning: _____

Proposed Use of Property: _____

Proposed Buildings to be Constructed (if known at this time): _____

Can the building be constructed without variances under the proposed zoning _____ Yes _____ No

If no, describe anticipated variances: _____

JUSTIFICATION FOR PROPOSED REZONING

Please complete the following questions, with sufficiently detailed explanation, to provide information needed to evaluate your rezoning proposal (attach additional sheets if necessary):

1. Is the proposed rezoning consistent with the City's Master Plan, and in particular, the Future Land Use Map?

2. Is the proposed rezoning consistent with the zoning classification of surrounding parcels?

3. Could all of the requirements for the proposed zoning classification be complied with on the subject parcel?

4. Would the uses permitted in the proposed zoning district be compatible with surrounding uses and zoning

in terms of views, noise, air quality, traffic, density, drainage, and land values?

5. If a specific use is desired on the subject parcel, are there any other zoning districts in the City that could accommodate the use?

6. State any other circumstances or reasons in support of the proposed rezoning.

ATTACH THE FOLLOWING:

1. A plot plan or survey of the specific site. Include zoning designations of adjacent parcels.
2. Proof of property ownership.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the rezoning proposal may be tabled due to lack of representation.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Applicant	Date
_____	_____
Signature of Property Owner Authorizing this Application	Date

TO BE COMPLETED BY THE CITY	Case No. _____
Date Submitted: _____	Fee Paid: _____
Received By: _____	Date of Public Hearing: _____
PLANNING COMMISSION ACTION (RECOMMENDATION)	
Approved: _____	Denied: _____
Reasons for Action: _____	
Date of Action Taken: _____	
CITY COUNCIL ACTION	
Approved: _____	Denied: _____
Reasons for Action: _____	
Date of Action Taken: _____	