



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 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: _____ Email: _____

Mailing Address: _____

Telephone: _____ Fax: _____

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

Mailing Address: _____

_____ Email: _____

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 circle one):

- | | | | |
|------|--------------------------------------|-----|-----------------------------|
| R-1A | Single Family Residential District | C-2 | General Commercial District |
| R-1B | Single Family Residential District | C-3 | Central Business District |
| RD | Two Family Residential District | O-1 | Office District |
| RM-1 | Multiple Family Residential District | CS | Community Service District |
| RM-2 | Multiple Family Residential District | I-1 | Limited Industrial District |
| MH | Mobile Home District | P-1 | Vehicular Parking District |
| 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 not, 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?

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: _____	