



APPLICATION FOR REZONING
City of Swartz Creek
8083 Civic Drive
Swartz Creek, MI 48473
810-635-4464

Date: ____ / ____ / ____

File No: _____

Fee Received: _____ Receipt No: _____

NOTICE TO APPLICANT:

Regular meetings of the Swartz Creek Planning commission are held on the first Tuesday of each month at 7:00 PM, at the City Hall, 8083 Civic Dr. Application for rezoning shall be filed at least twenty (20) days before the scheduled meeting date.

TO THE PLANNING COMMISSION:

I, (We), the undersigned, do hereby respectfully make application and petition the Planning Commission to amend the Zoning Ordinance and change the zoning as hereinafter requested, and in support of this application, the following facts are shown.

The property is located and described, as follows:
Assessment Roll Description No. 58-____-____-____,

Address: _____

Other description: _____

It has a frontage of: _____ feet and a depth of: _____ feet.

PRESENT ZONING: _____

If the property is in acreage, and is not therefore a part of a recorded plat: The property sought to be rezoned is located and described as follows: (indicate total acreage also).
Assessment Roll Description No. 58-____-____-____,

PROPERTY SOUGHT FOR REZONING IS OWNED BY:

Name:

Address:

Phone Number:

It is desired and requested that the foregoing described property be rezoned from:

To:

It is proposed that the property will be put to the following use:

It is proposed that the following building(s) will be constructed:

Attached hereto are two (2) prints of the subject property plot plan showing the lot or parcel location within the City. These prints are made a part of this petition and are drawn to scale showing the existing and proposed structures.

Signature of Applicant

Address:

Phone Number: _____

Email Address: _____

A. Action Taken by the Planning Commission:

1. Date application: ____/____/____
2. Date of Public Hearing: ____/____/____
3. Findings of Planning Commission:

4. Recommendation:

B. Action Taken by the City Council:

1. Date of Public Hearing: ____/____/____
2. Findings of the City Council:

3. Action of the City Council:

By: _____
City Clerk

Date: ____/____/____