

**FREMONT COMMUNITY PLANNING AND ZONING
ZONING ORDINANCE MAP AMENDMENT
PERMIT APPLICATION**

DAYTON TOWNSHIP, SHERIDAN CHARTER TOWNSHIP AND THE CITY OF FREMONT

This application will not be accepted if incomplete. All required materials must be submitted to the Zoning Administrator forty-five (45) days prior to the next scheduled Joint Planning Commission meeting to allow time to administer the public hearing notices. Joint Planning Commission meetings are held on the 4th Tuesday of each month at 7:00 p.m. in the Council Chambers at the Fremont Municipal Building located at 101 E. Main Street, Fremont, MI.

Applicant Information

Name: _____ Phone: _____
Address: _____ E-mail: _____

Applicant's interest in project: _____ Owner _____ Lessee _____ Other _____
If other, outline interest: _____

Owner Information (if other than Applicant)

Name: _____ Phone: _____
Address: _____ E-mail: _____

Property Information

Parcel number(s): _____

Address: _____ Size: _____ Acres _____ Square Feet

Short description of project: _____

Legal description for un-platted parcel (May write it below or attach it)

Platted: Subdivision _____ Lot #: _____

Parcel number(s) : _____

Current zoning district: _____

Proposed zoning district: _____

Current use: _____

Proposed use: _____

Uses/Zoning of Adjacent Properties

North

Use: _____

Zoning: _____

South

Use: _____

Zoning: _____

East

Use: _____

Zoning: _____

West

Use: _____

Zoning: _____

Reason(s) for requested change (May provide reasons as an attachment)

For changes to the boundaries of a Zoning District (rezoning) of the Zoning Ordinance/Map the Joint Planning Commission shall, and the participating Township Boards and City Council may consider at a minimum the following:

Please write a response to each of the below standards that supports your request for a text amendment. (This may be handled via an attachment.)

- a. Whether the proposed amendment meets the intent and purpose of the Zoning Ordinance.

b. If the proposed amendment complies with the adopted Future Land Use map and/or furthers the goals of the Fremont Community as defined in the Master Plan.

c. Whether the proposed zoning is consistent with the zoning classification(s) of the surrounding land.

d. Whether all of the requirements in the proposed zoning classification can be accommodated on the parcel.

e. If the site's physical, geological, hydrological and other environmental features are compatible with the full range of uses in the proposed zoning district.

f. Whether the capacity of infrastructure and services is sufficient to accommodate the uses permitted in the requested district without compromising the health, safety and welfare of the Fremont Community and the surrounding area.

g. Any changes that have occurred regarding the property at issue or nearby lands that would justify the proposed rezoning.

Information to be Submitted

____ Proof of ownership of the property or documentation of a legal interest, such as an executed purchase agreement or other similar document

____ A plot plan or survey, drawn to a minimum scale of 1 inch = 200 feet containing all of the following:

- Legal description of property proposed for change, including street addresses, tax identification numbers and total acreage
- Scale, north arrow, date of submission and dates of all revisions

- A location map indicating major roads and section numbers
- Zoning classification of the subject parcel and any abutting parcels
- Subject property lines
- Locations and dimensions of all existing or proposed public and private road rights-of-way or private access easements.

I hereby attest that the information on this application and provided in association with it is, to the best of my knowledge, true and accurate. I understand that the deliberate withholding or falsification of information required above may result in denial of this application.

Signature of applicant: _____ Date: _____

Printed name of applicant: _____

Signature of owner (if other than applicant): _____ Date: _____

Printed name of owner: _____

I hereby grant permission for members of the Fremont Community Joint Planning Commission and the Dayton Township Board, the Sheridan Charter Township Board and the Fremont City Council to enter the above described property for purposes of gathering information related to this application.

(Note to applicant: This is optional and will not affect any decision on your application.)

Signature of owner: _____ Date: _____

Please return the application to the municipality wherein the subject parcel is located, as noted below.

City of Fremont
101 E. Main Street
Fremont, MI 49412

Dayton Township
PO Box 68
3215 S. Stone Road
Fremont, MI 49412

Sheridan Charter Township
PO Box 53
6360 S. Township Parkway
Fremont, MI 49412

FOR CITY/TOWNSHIP USE

Application accepted by: _____ Date accepted: _____

Fee received: _____ Escrow fee, if any (\$1000 minimum): _____

Public hearing date: _____

Hearing notice published in a newspaper of record (minimum 15 days prior to hearing) on: _____

An affidavit of mailing is on file. ____ yes ____ no

