ZONING AMENDMENT APPLICATION

Fee $ 225.00 Date 3-4-20

Application Approved by: Jen Merk

CHEBOYGAN COUNTY
PLANNING & ZONING DEPT.
870 S. MAIN ST., RM 103. PO BOX 103
CHEBOYGAN, MI 49721

TELEPHONE: (231) 627-8489
FAX: (231) 627-3646
www.cheboygancounty.net

PLEASE PRINT

LOCATION (For property rezoning)

Address	City / Village	Township/Sec.	Zoning District
7064 Mohawk Trail	Indian River	Tusci	DRS
Property Tax I.D. (Parcel) Number: 161-C09-000-248-00	Subdivision or Condo. Name/Plat or Lot No.: Chippawa Beach Sub 248 249 250 251		

APPLICANT

Name	Telephone	Fax	
Douglas Duke	989-464-7959		
Address	**City & State**	**Zip Code**	**E-Mail**
14703 Shoreline Rd	Wolverine	49799	Lionheartdrk

PROPERTY OWNER (If different from applicant)

Name	Telephone	Fax	
Rebecca Levinson			
Address	**City & State**		**Zip Code**
3611 Bent Tr Dr	Ann Arbor MI		48108-9304

I. Action Requested

I (we) the undersigned do hereby request that the Cheboygan County Board of Commissioners approve the following petition for a zoning amendment.

A. Text Amendment: Amend Article ____ Section _____ of Cheboygan County Zoning Ordinance No. 200 by making the following change(s):

B. Rezone from D-RS _____ to M-AF _____ the property(s) described in Section II. A previous application for a variance, special use permit, or rezoning on this land has / has not been made with respect to these premises in the last year. If a previous appeal, special use permit, or rezoning application was made, state the date _____, nature of action requested _____, and the decision _____.

II. Property Information (For rezoning)

A. Legal description of property(s) proposed for rezoning:
4 Lots 200 x 800 - 7064 Mohawk Trail Indian River MI

B. List all deed restrictions, if applicable:

no deed restrictions

C. Names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the land, if applicable.

none

D. This area is ____ unplatted, X platted, ____ will be platted. If platted, name of plat: Chippewa Beach Sub

E. Present use of the property is: vacant

F. Attach a drawing of the property. SEE REVERSE SIDE

III. **Justification for Requested Action**

A. State specifically the reason(s) for this text amendment request at this time. Also attach any supporting documentation.

B. If this is a proposed rezoning, what possible negative impacts could occur and what proposed mitigation would take place?

THERE ARE NO KNOWN NEGATIVE IMPACTS

Does the property owner give permission for County zoning officials to enter his or her property for inspection purposes? ☒ Yes ☐ No

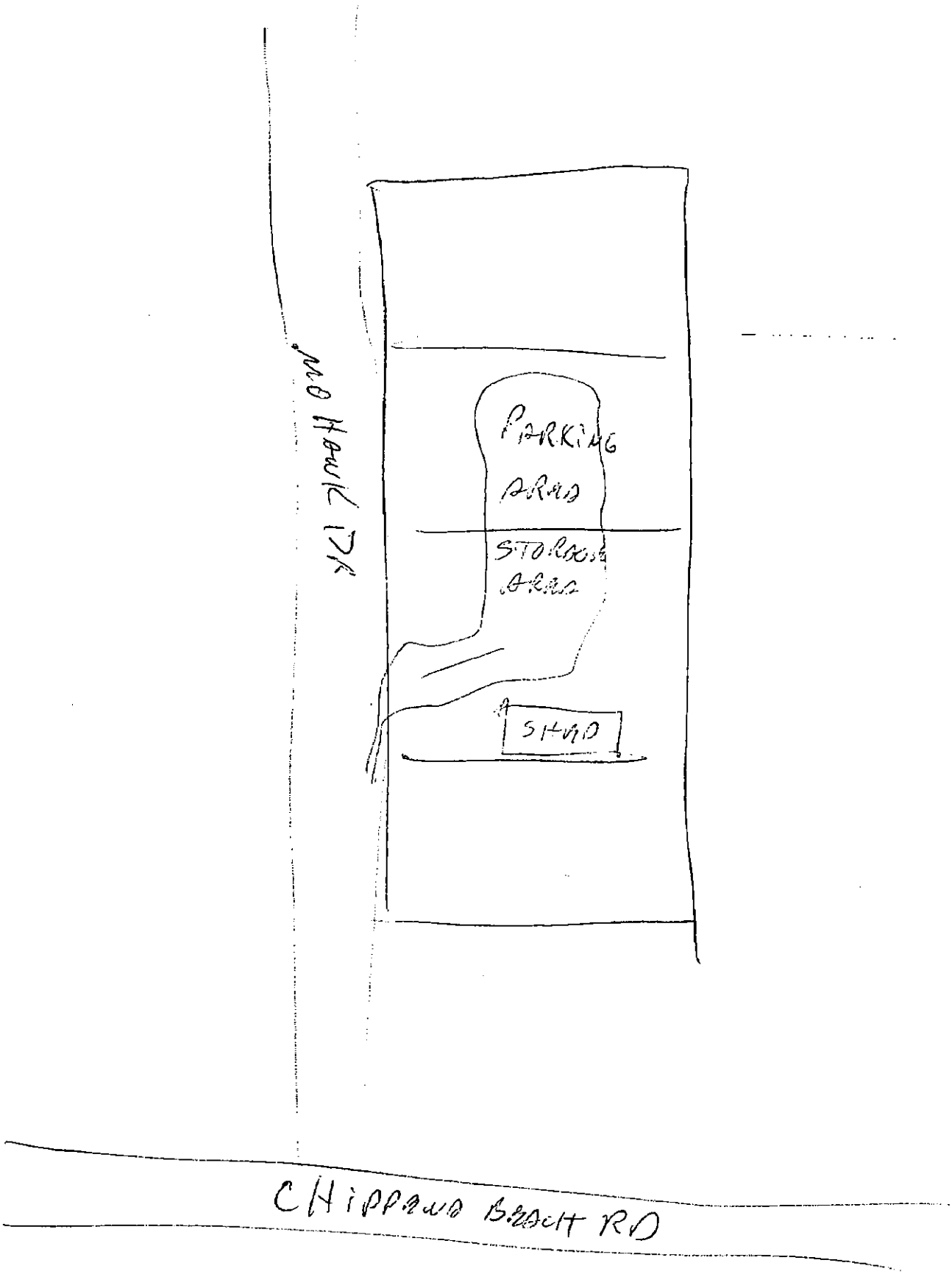
Owner's Signature X [signature] KARI DYKE POA **Date** 3-13-20

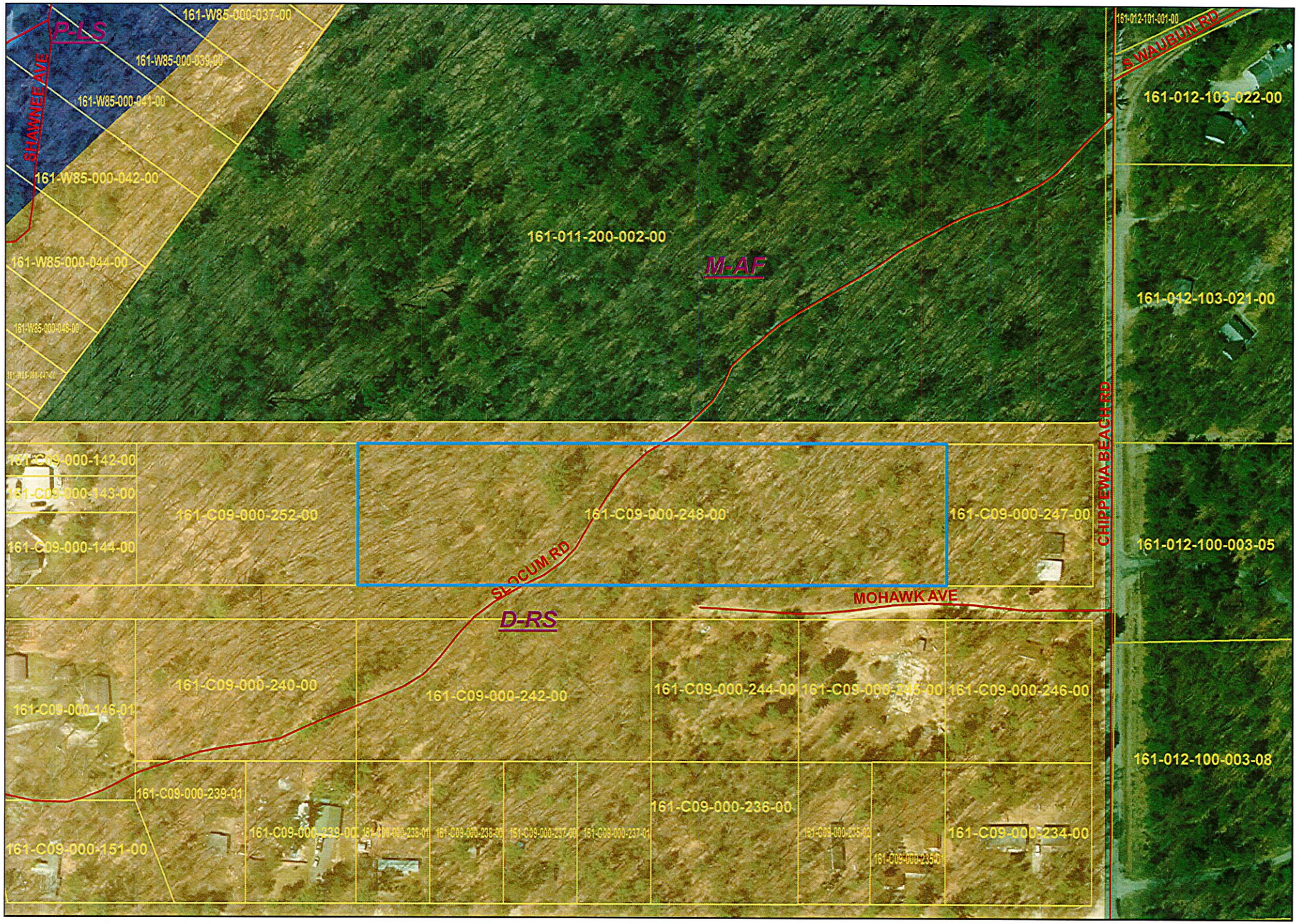
IV. **Affidavit**

The undersigned affirms that he or she is the _____ *(owner, lessee, other type of interest)* involved in the Petition and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his or her knowledge and belief.

[signature]

Applicant's Signature DOUG DUKES **Date** 4-25-20


NO HAWK DR
PARKING AREA
STORAGE AREA
SHED
CHIPPAWA BEACH RD



D-RS P-LS

M-AF

0 200 400 800 Feet

N