

ZONING AMENDMENT APPLICATION

Fee \$ _____ Date _____

Application Approved by: _____

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

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

PLEASE PRINT

LOCATION (For property rezoning)

Address	City / Village	Township/Sec. /	Zoning District
Property Tax I.D. (Parcel) Number	Subdivision or Condo. Name/Plat or Lot No.		

APPLICANT

Name	Telephone	Fax	
Address	City & State	Zip Code	E-Mail

PROPERTY OWNER (If different from applicant)

Name	Telephone	Fax	
Address	City & State	Zip Code	

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 _____ to _____ 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:

B. List all deed restrictions, if applicable:

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

D. This area is _____ unplatted, _____ platted, _____ will be platted. If platted, name of plat:

E. Present use of the property is: _____

F. Attach a drawing of the property.

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?

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

Owner's Signature _____ Date _____

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.

Applicant's Signature

Date