

City of Harbor Springs

160 Zoll Street * Post Office Box 678
Harbor Springs, Michigan 49740-0678
Phone: (231) 526-2104 Fax: (231) 526-6865
www.cityofharborsprings.com

Petition for Rezoning

Applicant's name _____ Contact person _____

Contact address _____

Contact phone _____ FAX _____ E-mail _____

Legal description of property proposed for rezoning (attach separate sheet)

Common description and /or address _____

Land area square feet _____ acres _____

Present zoning district _____ Proposed zoning _____

Reason for request of rezoning (attach separate sheet outlining reasons)

If a project is planned for the parcel to be rezoned, is there a timetable for the completion of the project? _____

If "yes", what is the estimated time for completion? _____

A location map clearly depicting the subject parcel in relation to the existing street system must be attached to this application.

If a specific project is proposed in anticipation of this rezoning, a (rough) plan must be provided including:

1. Lot sketch with dimensions
2. Dimensions and location of proposed building(s)
3. Parking areas and driveways (with dimensions)
4. Street name on which parcel is located
5. Adjacent buildings (within 100 feet)

Instructions

1. Please print or type all submittals.
2. Provide thirteen (13) copies of this application and attachments to the City Manager by the deadline as shown on the attached Planning Commission meeting schedule in order to be considered at the following meeting. When possible, drawings and plans are requested to be provided in electronic files (PDF format) by e-mail to:
citymanager@cityofharborsprings.com
3. All plans should be clearly readable. The City reserves the right to request alternate size copies.

Signature of applicant or authorized Representative

Date

Signature of owner (if other than applicant)

Date