



Charter Township of Marquette

1000 Commerce Drive, Marquette, Michigan 49855

Phone: 906-228-6220 • Fax: 906-228-7337

FORM NUMBER

ZD307MA

Zoning Map Amendment Application

**NOTE: This Application must be completed and submitted to the Marquette Township Offices.*

**Be sure to complete All sections of this form. Please Print or type.*

The following information/ materials are required by the zoning ordinance (Sec. 24.05A) as part of this application. *The application is not considered complete until all items have been submitted and the application fee paid.*

Your application requires review by the Planning Commission. Since any map amendment will change a Township law – i.e., change the Zoning Ordinance, the Planning Commission must subsequently refer its recommendation to the Township Board which is the only entity that can change a Township law. For earliest consideration by the Planning Commission as set forth in Sec. 20.04A of the Ordinance, this application must be submitted no later than the end of the business day on _____. The next available submission date after the above date is _____.

As required by Ordinance, map amendment applications normally involve a minimum of two Planning Commission meetings. The first meeting is to review the completed application and set a date for a public hearing; the second meeting is to hold a public hearing and make a recommendation to the Township Board. The Township Board will normally act on the recommendation of the Planning Commission one to three weeks after the Planning Commission's public hearing either approving the recommended map amendment, or approving it with changes, or disapproving it.

Article XXIV Changes & Amendments can be found on-line at www.marquettetownship.org

Applicant Information

Name:		Address:	
Project or Business Name:			
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			
If Applicant is not the Owner, state the Applicant's relationship to the Owner (i.e. purchaser, land contract vendee, owner's designated agent, etc.):			

Property Owner (if different from applicant)

Name:		Owner:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Property Information

Address:		Tax ID Number(s): 52-08- - -	
Total area included in Rezoning Request:	Legal Description(s) (attach pages as necessary):		
General Location of Subject Property:			
Name of any existing businesses on property:			
Existing Land Use(s):			
Current Zoning Classification:		Requested Zoning Classification:	

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Detailed Reasons for Map Amendment (*attach pages as necessary*)

List the changed or changing conditions in the area or in the Township which make this zone change necessary

List any other reason to support this zone change

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Applicant's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Property Owner: _____ Date: _____

Owner's Name (print): _____

Optional: I hereby grant permission for member of the Marquette Township Planning Commission, Township Board, Administrator, Fire Marshal, and Planner to enter the above described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant: _____ Date: _____

Be sure to include:

- **Property Map (scaled), correlated with the legal description and clearly showing the property's location**
- **Proposed Mal Amendment**
 - **Existing Zoning District**
 - **Proposed Zoning District (attach a map showing the proposed redistricting; if suitable, this may be shown on the scaled property map).**

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____ Date: _____

Fee(s) Paid: ☐ Yes ☐ No If Yes, Amount Paid: _____

Application: ☐ Approved ☐ Not Approved

Reason: ☐ Incomplete Application ☐ Other Date: _____

Condition(s) of Approval: _____

Signature of Zoning Administrator: _____ Date: _____