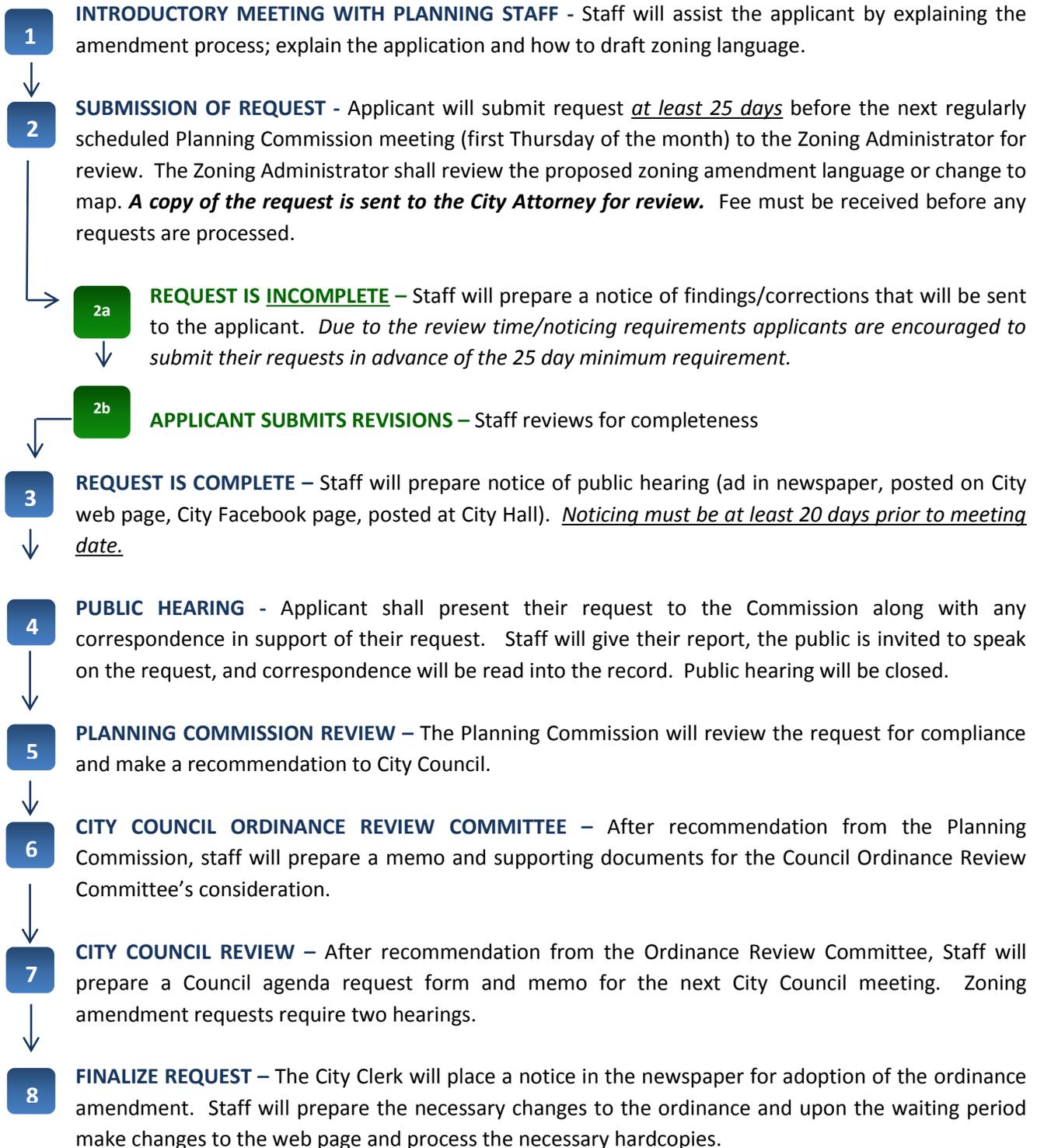




Zoning Amendment Requests Planning Commission A Step-By-Step Guide





Planning Commission/Planning & Zoning
 City Hall
 70 Maple Street
 Manistee, MI 49660
 231.398.2805 (phone)
 231.723.1546 (fax)

Zoning Amendment Request

Please Print

Zoning Amendment Request Requirements		
<p><i>Request must be received 25 days prior to the City of Manistee Planning Commission meeting to be placed on the agenda.</i> Notice of the Public Hearing shall be held before the Planning Commission. Notice shall include publication in a newspaper and posting in City Hall. Fee for Petition of Zoning Amendment is \$1,000.00 which needs to be submitted with the application. You or your representative should be present at the meeting to explain your request to the Planning Commission and to answer any questions. After the public hearing, the Planning Commission will make a recommendation to the City Council. Two readings are required for Zoning Amendments at regularly scheduled Council Meetings. The City Council will consider final action on your petition.</p>		
Applicant Information		
Name of Owner:		
Address:		
Phone #:	Cell#:	e-mail:
Name of Agent (if applicable):		
Address:		
Phone #:	Cell#:	e-mail:
Action Requested		
<input type="checkbox"/> Text Amendment: Amend Article _____ Section _____ to [<input type="checkbox"/> delete, <input type="checkbox"/> supplement, or <input type="checkbox"/> clarify] the Manistee City Zoning Ordinance. Attach copy of proposed ordinance language.		
<input type="checkbox"/> Re-Zone: Rezone Parcel # _____ from _____ to _____ for the following purposes:		
A previous application for a variance, special use permit or re-zoning on this land (<input type="checkbox"/> has / <input type="checkbox"/> has not) been made with respect to these premises in the last _____ years. If a previous appeal, re-zoning or special use permit was made, state the action requested: _____ _____ _____		
Decision: <input type="checkbox"/> approved <input type="checkbox"/> denied		
Property Information		
Address:		Parcel #
Legal Description of Property affected:		
List of Deed Restrictions (cite Liber & Page) and attach additional sheets if necessary:		

Names and addresses of all persons, firms or corporations having a legal or equitable interest in the land:		
This area is <input type="checkbox"/> un-platted, <input type="checkbox"/> will be platted <input type="checkbox"/> is platted – Name of Plat:		
Present use of Property:		
Site Plan Requirements		
Attach a site plan drawn to the scale of one (1) inch equals (10) feet, showing all existing structures on the property, all proposed structures and marking those structures that will be removed or razed. Also, the general shape, size and location of all existing structures within 100 feet of the property along with their uses shall be depicted on the site plan, along with all abutting roads, streets alleys or easements.		
Statement of Justification for Requested Action		
State specifically the reason for this Amendment request at this time:		
If the Amendment is a propose re-zoning, please answer the following questions:		
<input type="checkbox"/> yes	<input type="checkbox"/> no	Will this re-zoning be in conformance with all adopted development plans of the City of Manistee?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Will this re-zoning be in conformance with all adopted development plans of and Manistee County?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Does the proposed re-zoning conform to the plans? If not, why should the change be made? Please be specific, brief and attach any supporting documentation which substantiates your claim. This could include an allegation that the existing zoning is in error which would be corrected by the proposed change, or that specific changes or changing conditions in the immediate area make the re-zoning necessary to promotion of public health, safety and general welfare.
What do you anticipate the impacts of the proposed zone change on the adjacent property to be? What steps do you propose to take to mitigate any negative impacts associated with the proposed change?		
Authorization		
CERTIFICATION AND AFFIDAVIT:		
The undersigned affirm(s) that he/she/they is/are the <input type="checkbox"/> owner, <input type="checkbox"/> owner's representative, involved in the petition and that the answers and statements herein contained and the information submitted are in all respects true and correct to the best of his, her or their knowledge and belief.		
Signature: _____		Date: _____
Signature: _____		Date: _____
<input type="checkbox"/> By checking this box permission is given for Planning Commission Members to make a site inspection if desired.		
Office Use Only		
Fee: <input type="checkbox"/> \$1,000.00		Receipt #
Date Received:	Hearing Date:	PC -