

# MACOMB TOWNSHIP

---

54111 Broughton Road • Macomb, MI 48042  
586-992-0710 Ext. 7103 • PlanDropBox@macomb-mi.gov

---

[www.macomb-mi.gov](http://www.macomb-mi.gov)



APPLICATION PACKET FOR:

---

## CONDITIONAL REZONING REVIEW

---

**APPLICANTS TAKE NOTE OF THE FOLLOWING:**

All applications must contain each page from this application packet, including the checklist and any unused pages. If your application does not include all the items, it will not be processed by the Planning Department.

Please use only the forms provided with this application.  
No other forms, however similar, will be accepted.

**A mandatory pre-application meeting with staff is required prior to submitting a Conditional Rezoning application. Please call or email us to schedule a meeting. We can be reached at 586-992-0710 Ext. 7103 or PlanDropBox@macomb-mi.gov.**

# CONDITIONAL REZONING REVIEW APPLICATION PACKET

## CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted electronically via email to [PlanDropBox@macomb-mi.gov](mailto:PlanDropBox@macomb-mi.gov) and shall include a PDF of the application, a copy of the check, and any/all plans and supplemental information. The check shall be hand delivered to the Planning Department within Town Hall during posted business hours or mailed to Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 in an envelope stating "Attention: Planning Department," (if mailed, the application shall be included in the envelope with the check).

Once the complete package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

Please initial below to indicate that each required item is being submitted. Failure to initial that all items have been provided will result in an immediate rejection of the application.

**Mandatory Pre-Application Meeting.** The mandatory pre-application meeting was held on

\_\_\_\_\_ (date)  
Initial

**Completed Application.** This includes an **Affidavit of Ownership**. Incomplete applications or missing pages will not be accepted.

\_\_\_\_\_  
Initial

**Payment.** Please make your (non-refundable) check payable to "Macomb Township". Payment for Conditional Rezoning Review is \$2,450.00 plus \$20.00 for each additional acre over two (2) acres, plus \$150.00 per sign as required by the Macomb Township Public Notice Signage Policy. All application fees include an initial review and up to two additional review cycles. Payment must be dropped off at the Planning Department, or mailed with tracking, addressed to the Planning Department.

\_\_\_\_\_  
Initial

**Conditional Rezoning Agreement.** A document in recordable form and in Word format that sets forth all offered conditions. This document must follow the template as approved and provided by the Township. The Agreement must be prepared in 10-pt font or larger.

\_\_\_\_\_  
Initial

**Location Map of the Parcel(s)** showing the parcel(s) proposed for rezoning in relation to the nearest major intersection and neighboring parcels. Public Notice signs shall be clearly shown on this map per the requirements of the Public Notice Signage Policy (as posted on the Township website).

\_\_\_\_\_  
Initial

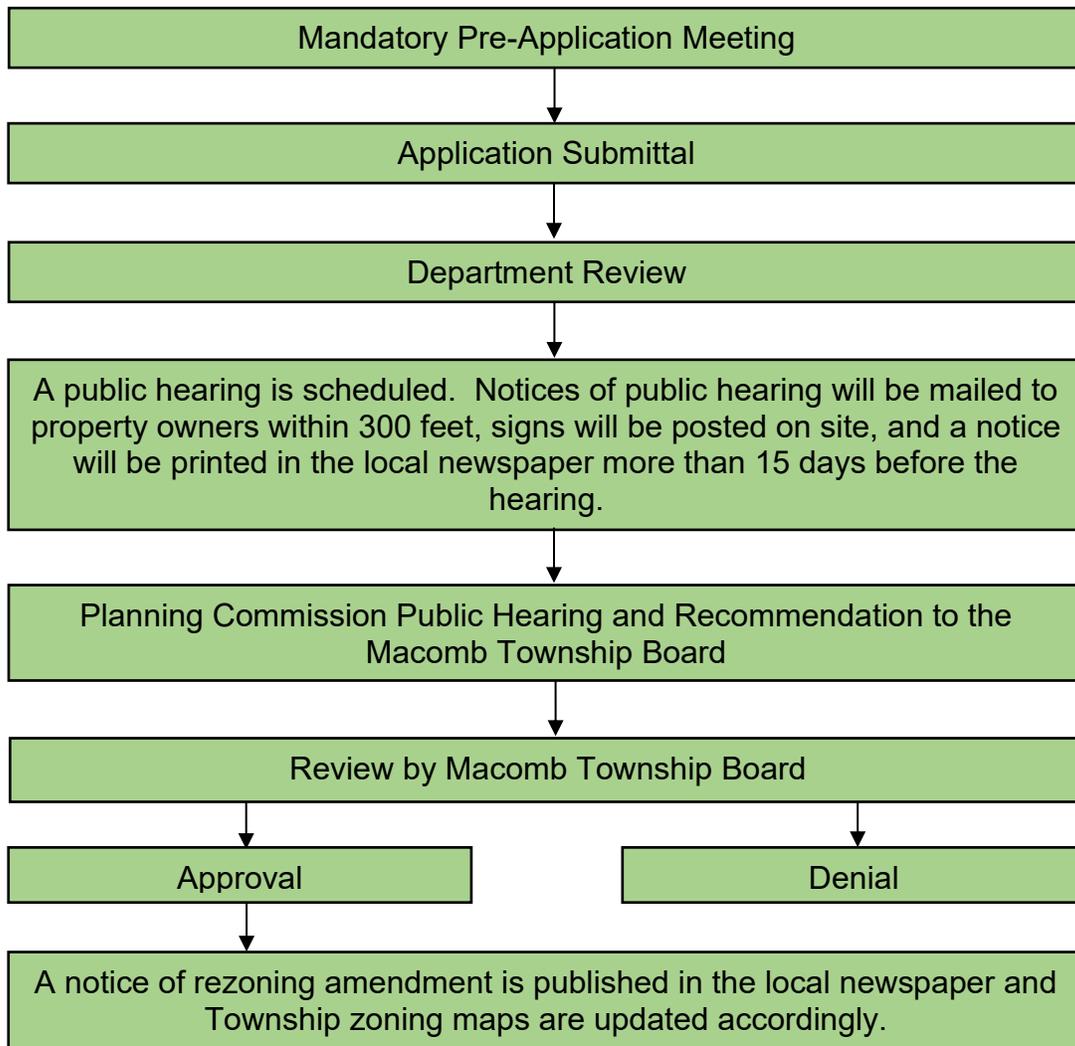
# CONDITIONAL REZONING REVIEW APPLICATION PACKET

## OVERVIEW

**What is Conditional Rezoning?** A Conditional Rezoning is a reclassification of a property from one zoning district to another with a list of a voluntary offer of conditions attached. As part of a Conditional Rezoning request, an owner of property may voluntarily offer in writing, and the Township Board may approve certain use and development of land as a condition to the approval of a rezoning.

An offer of conditions submitted as part of a Conditional Rezoning request shall bear a reasonable and rational relationship to the property for which rezoning is requested. Conditions are intended to prevent negative impacts of the proposed use onto surrounding properties. Conditional Rezoning requests are subject to [Section 10.2401](#) of the Macomb Township Zoning Ordinance and all applicable sections of the Michigan Zoning Enabling Act (M.C.L. 125.3101 *et seq.*).

**What are the procedures for requesting a Conditional Rezoning?** Upon receipt of a complete application for the Conditional Rezoning request, the Planning Department will distribute the application and submittals to internal departments for an approximate twenty (20) day review period. Results of the reviews will be communicated to the applicant and a public hearing will be scheduled with the Planning Commission, at which **your presence is mandatory**. The Planning Commission will review the request and make a recommendation to the Township Board. The Township Board has final authority to approve or deny the request for Conditional Rezoning.



**CONDITIONAL REZONING REVIEW APPLICATION PACKET**

**APPLICATION**

**MACOMB TOWNSHIP PLANNING DEPARTMENT  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 7103**

**Permanent Parcel Number 08 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.**

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

Representative Name \_\_\_\_\_ Phone \_\_\_\_\_  
(if different from applicant)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Location of Property \_\_\_\_\_  
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Existing Land Use \_\_\_\_\_

Current Zoning Classification \_\_\_\_\_

Requested Zoning Classification \_\_\_\_\_

The requested zoning is proposed in order to accommodate the following use(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONAL REZONING REVIEW APPLICATION PACKET**

---

**VERIFICATION OF RECORDED LEGAL PROPERTY**

---

**Permanent Parcel No. 08 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.**

Address of Parcel (if available) \_\_\_\_\_

Owner Name \_\_\_\_\_

Address of Owner \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

**CONDITIONAL REZONING REVIEW APPLICATION PACKET**

**AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lease, etc.)** This requirement must be fulfilled to promptly process your application. By signing this form, the property owner grants Macomb Township the authority to place public notice sign(s) on the subject property and waives any right to claims of damages as a result of any sign(s) being placed.

(I), (We) \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) agreement to permit / allow the property described within the attached application for \_\_\_\_\_ to receive consideration by  
(type of application to be filed)  
Macomb Township.

(I), (We) further authorize \_\_\_\_\_, as a(n)  
(name of applicant)  
\_\_\_\_\_ of the property, to process an Application with the Township of  
(applicant's interest in property)  
Macomb on (my) (our) behalf.

**Please have the property owner(s) sign below:**

\_\_\_\_\_  
(Owner Signature)  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Owner Signature)  
\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Owner Signature)  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Owner Signature)  
\_\_\_\_\_  
(Print Name)

**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER(s):**

**08** - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
STATE OF MICHIGAN  
ss.  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.  
(he, she, they) (his, her, their)

\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in \_\_\_\_\_ County, Michigan