

MACOMB TOWNSHIP

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

www.macomb-mi.gov



APPLICATION PACKET FOR:

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.

If you would like to meet with staff before submitting any 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.

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 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.

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 Rezoning Review is \$1,300.00, 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

Letter. A letter describing in detail the proposed use of the property.

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).

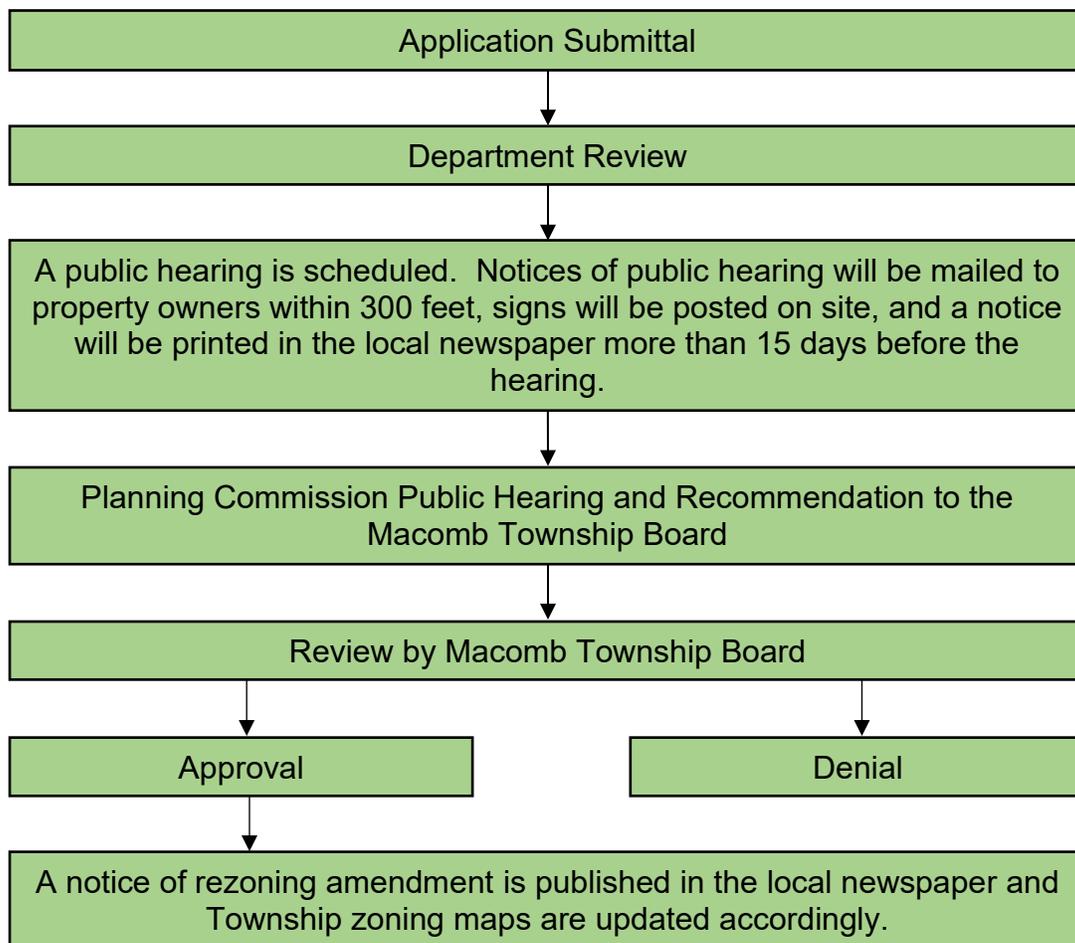
Initial

REZONING REVIEW APPLICATION PACKET

OVERVIEW

What is a Rezoning? A Rezoning is a reclassification of a property from one zoning category to another. It is an amendment to Macomb Township's official zoning map. The rezoning of a property may be required if the intended use is not permitted under the current zoning.

What are the procedures for requesting a Rezoning? Upon receipt of a complete application for the Rezoning request, the Planning Department will distribute the application and submittals to internal departments for an approximate ten (10) 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 Rezoning.



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): _____

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)**

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)

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

_____, Michigan

My Commission Expires: _____

Acting in _____ County, Michigan