

# MACOMB TOWNSHIP

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54111 Broughton Road • Macomb, MI 48042 •

586-992-0710 Ext. 7103

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



## APPLICATION PACKET FOR:

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# Amendment Request for Consent Judgement

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### APPLICANTS TAKE NOTE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be reviewed 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 we are more than happy to accommodate such a meeting. In fact, we encourage it! Please call or email us to schedule a meeting.**

# AMENDMENT REQUEST FOR CONSENT JUDGEMENT REVIEW APPLICATION

## CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted with proper payment (as indicated in the application) in an envelope stating “Attention: Planning Department,” the project name, and type of project on the outside of the envelope and placed in the night drop off box at the back of the building at Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 (alternatively the package can be dropped off with the Planning Department at Town Hall, or mailed to this address). No plans or supplemental information is required with the submittal of the check, just the application. In addition to this hard copy submittal, **A PDF OF THE APPLICATION, A COPY OF THE CHECK, AND ANY/ALL PLANS AND SUPPLEMENTAL INFORMATION MUST BE EMAILED TO [PlanDropbox@macomb-mi.gov](mailto:PlanDropbox@macomb-mi.gov)**. Once the 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.

- A completed application**, we will not accept incomplete applications or missing pages;
- Payment** – please make your (non-refundable) check payable to “**Macomb Township Treasurer**”. Payment for Amendment Request for Consent Judgement is \$650.00 and **must** be mailed in or brought in to Macomb Township offices with the original application. Failure to do so will delay the review process;
- Letter**, describing in detail the purpose of the requested amendment;
- Proposed Amendment including existing Consent Judgement and any prior amendments**  
Please include full document, not just what is changing.
- Revised Site Plan** if part of the proposed amendment.

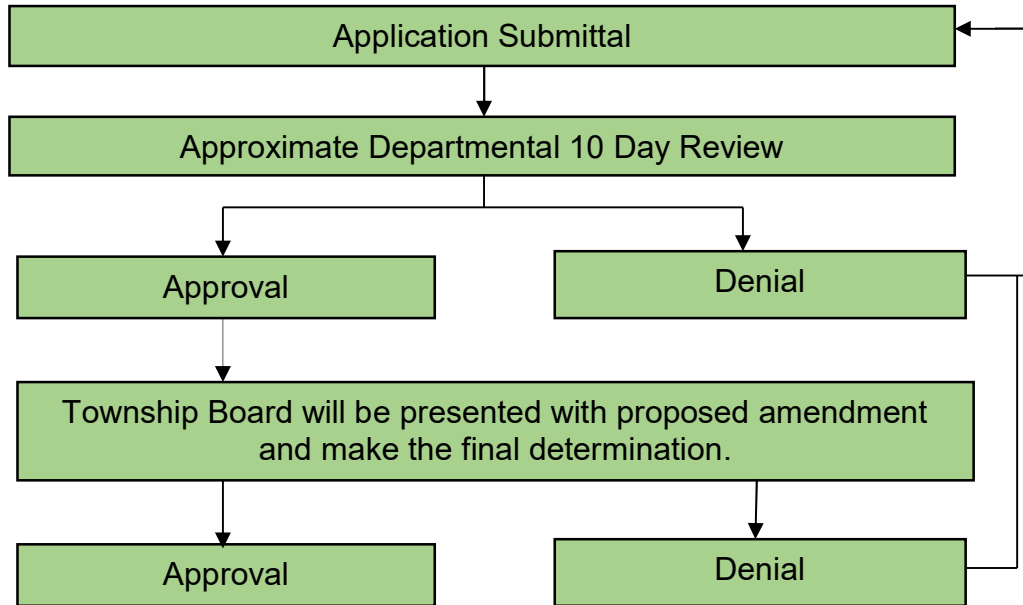
### ALL APPLICANTS TAKE NOTICE TO THE FOLLOWING:

1. **Time Charge for Planning Consultant.** In some instances, the use of outside consultants may be needed, and if deemed necessary, their hourly rate may be added to the review fee.
2. **Department Reviews.** Submittal of this application does not imply that the amendments are acceptable, the review of the information by all departments and agencies will indicate if they are acceptable.

# AMENDMENT REQUEST FOR CONSENT JUDGEMENT REVIEW APPLICATION

## OVERVIEW

**What are the procedures for an Amendment to Consent Judgement?** Upon receipt of a complete application for the Amendment for Consent Judgement, the Planning Department will send copies of the application and plans to the appropriate department heads for review and recommendation. Results of the review shall be communicated to the applicant. These departments will be given approximately ten (10) days for review.



**AMENDMENT REQUEST FOR CONSENT JUDGEMENT REVIEW APPLICATION**

**APPLICATION**

**MACOMB TOWNSHIP PLANNING COMMISSION**  
54111 Broughton Road  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 7103

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

Project Name \_\_\_\_\_  
(if applicable)

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Email \_\_\_\_\_

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

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

Date of Approved Plan \_\_\_\_\_

Legal Owner of Property \_\_\_\_\_ Phone \_\_\_\_\_  
(Print Owner's Name)

Address \_\_\_\_\_ Email \_\_\_\_\_

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

**I certify that the changes as described in the attached letter in this Application for AMENDMENT REQUEST FOR CONSENT JUDGEMENT are the only changes being made to the previously approved plans.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AMENDMENT REQUEST FOR CONSENT JUDGEMENT REVIEW APPLICATION**

**VERIFICATION OF RECORDED LEGAL PROPERTY**

**PROJECT NAME** \_\_\_\_\_

**PERMANENT PARCEL NO. 08** - \_ \_ - \_ \_ - \_ \_ .

**PUBLIC ROAD(S) FRONTAGE** \_\_\_\_\_

**ADDRESS OF PARCEL (if available)** \_\_\_\_\_

**OWNERS NAME** \_\_\_\_\_

**ADDRESS OF OWNER** \_\_\_\_\_

**LEGAL DESCRIPTION**

**(Please print or type the description here or attach hereto. Please indicate if the description is attached)**