

MACOMB TOWNSHIP

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

www.macomb-mi.gov



APPLICATION PACKET FOR:

AMENDMENT TO CONSENT JUDGMENT 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 an Amendment to 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.

Planning Director Signature _____ Date _____

AMENDMENT TO CONSENT JUDGMENT 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.

_____ **Mandatory Pre-Application Meeting.** The mandatory pre-application meeting was held on
Initial _____
(date)

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

_____ **Payment.** Please make your (non-refundable) check payable to "**Macomb Township**".
Initial Payment for Amendment to Consent Judgment Review is \$450.00. 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.

_____ **Letter.** A letter describing in detail the specific changes associated with this Amendment to
Initial Consent Judgment and why these changes are necessary. By initialing this line, the applicant confirms that the changes as described are the only changes being made to the previously-approved Consent Judgment.

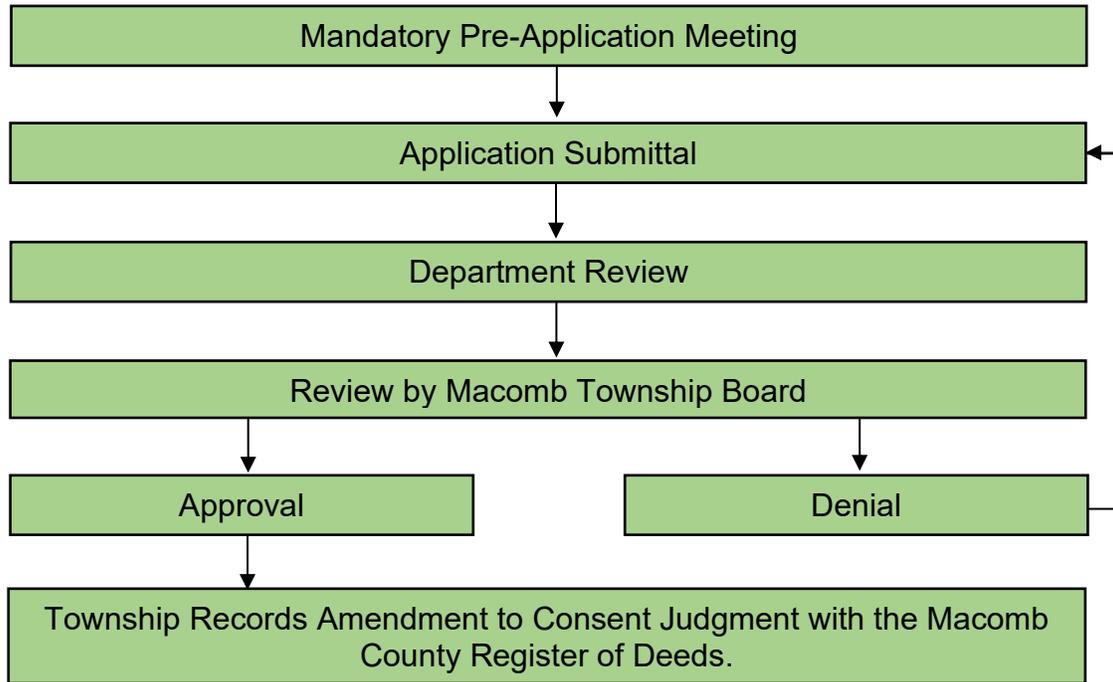
_____ **Amendment to Consent Judgment.** A document in recordable form and in Word format that
Initial sets forth all conditions. The Agreement must be prepared in 10-pt font or larger.

_____ **Drawings, as applicable.** Please include in PDF format (24x36).
Initial

AMENDMENT TO CONSENT JUDGMENT REVIEW APPLICATION PACKET

OVERVIEW

What are the procedures for requesting an Amendment to Consent Judgment? The applicant must contact the Township Planning Director to request an Amendment to Consent Judgment review. The Planning Director will provide the applicant with the Amendment to Consent Judgment review application. Upon receipt of a complete application for an Amendment to Consent Judgment 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. The Township Board has final authority to approve or deny the request for an Amendment to Consent Judgment.



AMENDMENT TO CONSENT JUDGMENT REVIEW APPLICATION PACKET

APPLICATION

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

Permanent Parcel Number 08 - _ _ - _ _ - _ _ .

Project Name _____

Applicant Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Applicant Signature _____ **Date** _____

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)

Current Zoning Classification _____

Representative Signature _____ **Date** _____

AMENDMENT TO CONSENT JUDGMENT 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)**

AMENDMENT TO CONSENT JUDGMENT 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