

APPLICATION FOR AMENDMENT OF THE ZONING ORDINANCE

PLEASE PRINT OR TYPE (if additional space is needed, use back side of application.)

Applicant Information:		
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	
Interest in Subject Property:		

Owner(s) Information: <i>(if different from applicant, include owner-signed consent to, and certification of, application)</i>		
Name(s):		
Address:	City:	Zip Code:
Telephone:	Email:	

Project and Property Information:			
Current Zoning Classification:	<input type="checkbox"/> RC Resource Conservation	<input type="checkbox"/> R-1 Residential	<input type="checkbox"/> R-2 Multi-Family Residential
	<input type="checkbox"/> AG Agricultural	<input type="checkbox"/> C Commercial	<input type="checkbox"/> I Industrial
Property Identification Number:			
Subject Property Address:	City:	Zip Code:	
Legal Description (attached separately if necessary):			
Proposed Zoning Amendment Requested <input type="checkbox"/> Rezoning (Map Amendment) <input type="checkbox"/> Text Amendment			
If rezoning, proposed zoning district classification:			
If text amendment, describe, in detail, the proposed Ordinance text amendment (attached additional sheets if necessary):			

Submission Requirement Checklist

Applicants must submit the following items together with this application prior to Planning Commission considering the application for Zoning amendment:

- Supporting material, exhibits, and information that supports a finding of the following criteria (Section 18.02 of the Zoning Ordinance). Please prepare a written narrative, attached to this application form, describing how the proposed amendment meets the below criteria. Include a response for each criterion below.

Initial: *Indicate by initial below that the listed information has been provided in the attached narrative.*

_____ Whether the proposed amendment is consistent with the goals, policies and future land use map of the Master Plan. If conditions have changed since the Master Plan was adopted, rezoning may be found to be consistent with recent development trends in the area.

_____ The compatibility of all uses permitted in the proposed zoning district with surrounding uses and zoning in terms of land suitability, impacts on the environment, density, nature of use, traffic impacts, aesthetics, infrastructure and potential influence of property values compared to uses permitted under current zoning.

_____ The capacity of local utilities and public services to accommodate all the uses permitted in the requested district without compromising the "health, safety and welfare" of the Township including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district.

_____ The precedent, and the possible effects of such precedent, that might result from approval or denial of the amendment petition.

_____ Whether the requested rezoning will create an isolated and unplanned spot zone.

Applicant(s) Certification:	
Applicant(s) acknowledges that the information submitted in and with this application is true and correct to the best of his/her knowledge.	
Applicant Signature(s):	Date:
	Date:

Applicant(s) Acknowledgement	
Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Benton Charter Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Benton Charter Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Benton Charter Township Ordinance.	
Applicant Signature(s):	Date:
	Date:

Please submit completed application, above information and applicable fees to: **Benton Charter Township Clerk**
 5136 Windsor Highway, Pottersville, MI 48876
 Or by email to: bentontownship.clerk@gmail.com

THE FOLLOWING SECTIONS TO BE COMPLETED BY THE TOWNSHIP ONLY		
Fee Received: \$ _____	Date: _____	By: _____
Escrow Deposit: \$ _____	Date: _____	By: _____
Planning Commission Action Summary		
Date of Public Hearing: _____		Date of Publication: _____
Date of Mailing: _____		
On _____, 20____, the Benton Charter Township Planning Commission		
<input type="checkbox"/> Recommended approval of the amendment to the Zoning Ordinance for the following reason(s):		
<input type="checkbox"/> Recommended denial of the amendment to the Zoning Ordinance for the following reason(s):		
Planning Commission _____		Date: _____
Chairperson: Signature		
Zoning Administrator: _____		Date: _____
Signature		

