



ROBINSON TOWNSHIP
Ottawa County
12010 – 120th Avenue, Grand Haven, Michigan 49417

**ZONING ORDINANCE MAP OR TEXT AMENDMENT
APPLICATION**

For an application to be considered complete, all requested information must be provided. If an item is not applicable to your application, please state “not applicable” and provide an explanation why it is not applicable.

- **Initial Review Body:** Planning Commission
- **Meeting Frequency:** Fourth Tuesday of every month
- **Application Deadline:** Twenty-one (21) calendar days prior to the fourth Tuesday meeting at which you desire your application to be considered.
- **Township Office Review:** Following review by township personnel, if any required materials are deemed missing the applicant will be notified and must provide said material, which must result in a complete application at least seven (7) business days prior to said meeting for consideration.

**DO NOT DISCARD THIS PAGE
YOU MUST SUBMIT THIS PAGE WITH YOUR APPLICATION**

For office use

Date Received: _____ Payment of: _____ Via Check: _____ Cash: _____



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REQUEST FOR ZONING ORDINANCE AMENDMENT

REQUEST FEE: \$350.00 + ESCROW FEE

(Escrow fees cover additional Township expenses. Unused portion of an escrow account is returned to the applicant)

____ MAP AMENDMENT

____ TEXT AMENDMENT

All petitions for an amendment to the Zoning Ordinance or the Zoning Map shall be in writing, signed, and filed in triplicate with the Township Clerk for presentation to the Planning Commission. Such petitions shall be accompanied by the required fee and shall include the following information.

SECTION 41.2 - AMENDMENT PETITION PROCEDURE

(A) Name of Petitioner: _____

Address of Petitioner: _____

Telephone: _____ Parcel Number: _____

What is the Petitioner's interest in making this petition? _____

List the name, address and interest of every person who has a legal or equitable interest in any land to be rezoned.

(B) What is the nature and effect of the proposed amendment? _____

What is the proposed zoning of any property requested to be rezoned? _____

(C) If the proposed amendment would require a change in the Zoning Map, attach a fully dimensional map showing:

1. The land which would be affected by the proposed amendment;
2. A legal description of the land proposed for rezoning;
3. If the land proposed for rezoning does not include the entire parcel or lot, the land and legal description of the portion of the parcel of the lot which is not proposed for rezoning;
4. The present zoning of the land proposed for rezoning;
5. The present zoning of all abutting lands; and
6. All public and private rights-of-way and easements bounding and intersecting the land proposed for rezoning.

(D) If the petition is to correct an alleged error in the text of the Zoning Ordinance or in the Zoning Map, provide a detailed explanation of such alleged error and detailed reasons why the proposed amendment will correct the error.

(E) State any changed or changing conditions in the area or in the Township that make the proposed amendment reasonably necessary to the promotion of the public health, safety and general welfare.

- (F) Specify all other circumstances, factors and reasons that support the proposed amendment (an advisory petition in favor of the proposed amendment, which petition is attached, is recommended, but not required).

ADDITIONAL INFORMATION

- (1) Please provide proof of ownership. If ownership is pending a purchase agreement that is conditional to the Zoning Amendment request, please provide proof of said agreement.

Signature of Petitioner

Signature of Petitioner

CIRCULATOR'S SIGNATURE

I certify that I personally circulated the attached Advisory Petition and that the individuals who signed it did so in my presence, that they stated they either own property in or reside in Robinson Township or in a directly abutting local unit of government, and that I believe the information in this Advisory Petition to be accurate.

Date

Signature