



**CITY OF GARDEN CITY
REZONING APPLICATION**

Date Submitted:
Case No.

6000 Middlebelt Road, Garden City MI 48135
734.793.1650 Fax 734.793.1651

NOTICE TO APPLICANT: Applications for Rezoning must be submitted to the City *in substantially complete form*, plus the required review fees, a minimum of 30 days prior to a regular meeting. Regular meetings of the Planning Commission are held on the second Thursday of each month at 6:30 p.m. All meetings are held at the City Hall, 6000 Middlebelt Road. A copy of the City’s Zoning Ordinance can be found in the library at www.amlegal.com

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request Rezoning and provide the following information to assist in the review:

Applicant: _____

Mailing Address: _____

Telephone: _____ Email: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant’s Legal Interest in Property: _____

Location of Property/Street Address: _____

Nearest Cross Streets: _____

Parcel Number: _____

Property Description:

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., Acreage parcel), provide metes and bounds description. Attach separate sheets if necessary.

Property Size: (Square Feet): _____ (Acres) _____

Existing Zoning (please check):

- | | | | |
|------------------------------|--------------------------------------|------------------------------|----------------------------|
| <input type="checkbox"/> R-1 | Single Family Residential District | <input type="checkbox"/> CBD | Central Business District |
| <input type="checkbox"/> R-2 | Two Family Residential District | <input type="checkbox"/> O-1 | Office District |
| <input type="checkbox"/> R-3 | Multiple Family Residential District | <input type="checkbox"/> PD | Planned Development |
| <input type="checkbox"/> C-1 | Local Business District | <input type="checkbox"/> M-1 | Light Industrial District |
| <input type="checkbox"/> C-2 | Community Business District | <input type="checkbox"/> VP | Vehicular Parking District |
| <input type="checkbox"/> C-3 | General Business District | <input type="checkbox"/> PRD | Public Recreation District |

Proposed Zoning of Property: _____

ATTACH THE FOLLOWING:

1. 18 folded copies of the plot plan.
2. Proof of property ownership.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the site plan may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a site plan application or to revoke any permits granted subsequent to site plan approval.

plot

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this site plan application.

Signature of Applicant	Date
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Signature of Applicant	Date
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Signature of Property Owner Authorizing this Application	Date
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TO BE COMPLETED BY THE CITY	Case No. _____
Date Submitted: _____	Fee Paid: _____
Received By: _____	Date of Public Hearing: _____
CITY ACTION	
Approved: _____	Denied: _____
Date of Action: _____	

