

Bengal Township

Rezoning Application

Please mail application, site plan, all relative documents, and fees to:

800 South US27 #124
St. Johns, Michigan 48879

PLANNING DEPARTMENT USE ONLY

Application Received: _____ Fee: _____ Receipt #: _____
Sent to McKenna Associates: _____

Applicant must provide 15 copies of the application, plot plans, and all relative documents at least thirty (30) days prior to the next regularly scheduled meeting of the Planning Commission.

All Rezoning Applications will be reviewed by McKenna Associates. Applicant will receive written comments and recommendations prior to Planning Commission meeting.

A Public Hearing will be required, in which all properties within 300 feet of address will be notified of proposed change, and will have the opportunity to speak before the Planning Commission. The Planning Commission will determine the feasibility of the proposed zoning change and will make a recommendation to the Township Board.

DATE _____ PROJECT ADDRESS _____

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Cell:

Email:

PROPERTY DESCRIPTION

Existing Zoning Classification: ☐ A-2 (General Agriculture) ☐ I-1 (Light Industrial)

Proposed Zoning: ☐ A-2 (General Agriculture) ☐ I-1 (Light Industrial)

Proposed Use:

Said property has the following deed restrictions affecting the use thereof:

and said deed restrictions will expire on _____.

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STATEMENTS AND FACTS TO SUPPORT PETITION REQUEST

The responses to the following must be completed in full. Attach additional pages if necessary.

- A. Whether the rezoning is consistent with the policies and uses proposed for that area in the Township's Future Land Use map.

- B. Whether all of the uses allowed under the proposed rezoning would be compatible with other zones and uses in the surrounding area.

- C. Whether any natural features, septic fields, water wells or traffic flow would be significantly and adversely impacted by a development or use allowed under the requested rezoning.

- D. Whether the uses allowed under the proposed rezoning would be equally or better suited to the area than uses allowed under the current zoning of the land.

- E. Whether the condition and/or value of property in the Township or in adjacent communities would be significantly and adversely impacted by a development or use allowed under the requested rezoning.

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- F. Whether or not the requested zoning change is justified by a change in conditions since the original ordinance was adopted or by an error in the original ordinance.

- G. Whether precedents might result from approval or denial of the petition, and the possible effects of such precedents.

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.

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 Township 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

Signature of Applicant

Date

Signature of Property Owner

Date