



OFFICE OF COMMUNITY DEVELOPMENT

8140 Main Street • Dexter, Michigan 48130-1092 • (734) 426-8303 • Fax (734) 426-5614

APPLICATION FOR REZONING AND/OR ZONING ORDINANCE AMENDMENTS

Application is being made for: Rezoning from _____ to _____
 Zoning Ordinance Text Amendment
 Zoning Ordinance Map Amendment

Property Address: _____ Tax ID Number: _____

Proposed Use: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____

Email Address: _____ Mobile Phone: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

Email Address: _____ Mobile Phone: _____

Application Procedure: Please check if the following information is being provided, and attach the required documents to this application.

Yes	No	
		Rezoning only: A legal description and street address of the subject property, together with a map identifying the subject property in relation to surrounding properties.
		The name and address of the owner of the subject site and a statement of the applicant's interest in the subject site if not the owner in fee simple title.
		The existing and proposed zoning district designation of the subject property.
		The land use classification of the subject site as illustrated in the City's Master Plan.
		Amendment only: A general description of the proposed amendment and rationale for the change.
		A written description of how the requested rezoning meets Section 23.05 "Criteria for Amendment of the Official Zoning Map", or Section 23.06 "Criteria for Amendments to the Zoning Ordinance Text".

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I understand that if this request is denied, the City will not reconsider it for a period of 365 days from date of denial.

Owner's Signature	Date	Applicant's Signature	Date
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Staff Review: Fee: \$750 + \$40/acre + Escrow Deposit

Date Received: _____

Receipt # _____

Approved Denied

REASONS FOR APPROVAL: _____

REASONS FOR DENIAL: _____

Planning Commission Action: Approved Denied Date: _____

City Council Action: Approved Denied Date: _____

APPROVAL STAMP: