

Filing Fee: \_\_\_\_\_

# Zeeland Charter Township

6582 Byron Rd.  
Zeeland, MI 49464  
Phone (616) 772-6701  
Fax (616) 772-1857

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## APPLICATION FOR ZONING AMENDMENT FILING INSTRUCTIONS AND SUMMARY OF PROCEDURES

- Zoning Amendment applications must be submitted to the Township Hall office, along with payment, no later than thirty days before the Planning Commission meeting to allow adequate staff review.

Fee Schedule: \$750 for regular meeting, \$1,000 for special meeting, \$1,000 for PUD review meeting

- The Planning Commission meets the second Tuesday of the month at 7:00 p.m. A public hearing will be held on the proposed zoning amendment as required by the Michigan Zoning Enabling Act.
- The Planning Commission will then transmit the proposed amendment and its recommendation along with comments received at the public hearing to the Township Board for a final decision.

Please fill out the appropriate form, according to whether petition is for a zoning map amendment or a zoning text amendment.

- **SECTION I. Zoning Map Amendment**
- **SECTION II. Zoning Text Amendment**

**SECTION I. Zoning Map Amendment**

1. Street Address and/or Location of Request: \_\_\_\_\_

2. Parcel Identification Number (Tax I.D. No.): #70-17-\_\_\_\_\_

3. Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Are You:  Property Owner  Owner's Agent  Contract Purchaser  Option Holder

5. Applicant is being represented by: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

6. Present Zoning of Parcel \_\_\_\_\_ Present Use of Parcel \_\_\_\_\_

7. Master Plan Future Land Use Designation: \_\_\_\_\_

8. Please use the lines below to state the request and the reason(s) for the request:  
*(attach additional pages as necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The facts presented above are true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Your Name Here: \_\_\_\_\_

I hereby authorize the submittal of this application and agree to abide by any decision made in response to it. By signing below, I hereby give permission for members of the Planning Commission, Zoning Board of Appeals, Township Board, or Township staff to enter my property for the purpose of reviewing my request.

**SECTION II. Zoning Text Amendment**

1. Applicant's Name : \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Applicant is being represented by: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

3. I request consideration of the following change in text of the Zeeland Charter Township Zoning Ordinance:

The requested text change is:

- A change in wording to existing Section(s):
- An addition to Section(s):
- A deletion of wording at existing Section(s):

**Below is the text requested to be changed, added or deleted:** *(attach additional page(s) as necessary)*

Existing Section \_\_\_\_\_ Proposed Section \_\_\_\_\_

4. What is the intended effect of this request? *(attach additional page(s) as necessary)*

**The facts presented above are true and correct to the best of my knowledge.**

I hereby authorize the submittal of this application and agree to abide by any decision made in response to it. By signing below, I hereby give permission for members of the Planning Commission, Zoning Board of Appeals, Township Board, or Township staff to enter my property for the purpose of reviewing my request.

Type or Print Your Name Here: \_\_\_\_\_

Applicant Signature

Date