

KEARNEY TOWNSHIP
REZONING APPLICATION

Complete the entire application. Incomplete applications will be returned.
Please deliver completed application and applicable fee(s) to Kearney Township.

Mail: P.O. Box 51, Bellaire, MI 49615

Drop Box: 4820 Aero Park Drive, Bellaire, MI

Email: kearneytwpza@gmail.com

Fees: Rezoning Fee: \$300.00

Please note:

1. Your application will not be reviewed until receipt of the Rezoning Fee. Fees are non refundable.
2. Please review Article VI, Section 6.05 of the Kearney Township Zoning Ordinance, prior to submitting your application

Questions, please contact:

Dan Hiltz, Zoning Administrator

Office: (231) 533-5719, Ext. 5

Fax: (231) 533-5290

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KEARNEY TOWNSHIP
REZONING APPLICATION

Applicant Information:

Applicant's Name: _____

Address (include P.O. Box, if any): _____

City, State, Zip: _____

Telephone Number(s): _____

Email Address: _____

Applicant's interest in property, if not the owner: _____

Owner's Name (if different from Applicant): _____

Address (include P.O. Box, if any): _____

City, State, Zip: _____

Telephone Number(s): _____

Email Address: _____

Property Location:

Address: _____ Parcel #: _____

Current Zoning District: Agricultural ("A") ____; Commercial ("C") ____;

 Manufacturing ("M"): ____; Planned Development ____;

 Residential: R-1: ____; R-2: ____; R-3: ____;

 Resort Residential ("RR") ____.

Proposed Zoning District: _____

Total Acreage: _____

Please attach: Copy of map showing property.

 Legal Description of the property.

 Any deed restrictions on the property.

 If, property is in an HOA, are there any restrictions or requirements that would relate to this request.

Please address the following:

Is the proposed zoning district consistent with the zoning of the surrounding properties?

Will the change in zoning district create any adverse impact on the surrounding properties?

Have there been any changes in your use of the property, and/or changes in land use of the surrounding properties, or in the Township, that justify the proposed zoning district change?

Will the proposed zoning district change deter improvements or developments in the adjacent properties? _____

Will the proposed zoning district change grant a special privilege to you when compared to other property owners or the general public? _____

Reasons why the property cannot remain in the current zoning district: _____

Does the proposed change conflict with the Township Master Plan? _____

Are there any properties in the surrounding area that are already zoned in the proposed zoning district?

Any other information you wish to share that supports your request for rezoning: _____

Inspections:

As owner and/or applicant representing owner, I **do** _____ / **do not** _____ authorize the Zoning Administrator and/or Planning Commission members to enter upon the subject property for purposes of making inspections related to this request. If authorized, such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all of the above information is accurate to the best of my knowledge. I hereby agree to comply with the provisions of the Kearney Township Zoning Ordinance for the proposed zoning district, if the change is approved. I certify that I am the owner of this property or have been authorized by the property owner to act as the owner's agent in submitting this site plan.

Signature of Applicant

Date

Required: Signature of Owner (if not the Applicant)

Date

DO NOT WRITE BELOW THIS LINE

Fee Receipt Information and Disposition of Application:

Rezoning Fee: \$ _____

Receipt #: _____

Approved: Conditions, if any: _____

Denied: Reason(s): _____

Signature: _____
Planning Commission Chair

Date: _____

Signature: _____
Township Zoning Administrator

Date: _____