



# Birch Run Township

8425 Main Street • P.O. Box 152 • Birch Run, MI 48415

Phone: (989) 624-9773 • Fax: (989) 624-1177

## ZONING ORDINANCE TEXT AMENDMENT APPLICATION

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

Request#: \_\_\_\_\_

Applicant: Name: \_\_\_\_\_

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

Developer: Name: \_\_\_\_\_

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

Owner: Name: \_\_\_\_\_

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

### Text Amendment Information:

Zoning Ordinance Section(s) to be amended: \_\_\_\_\_

Please describe the reason for the amendment request:

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Please provide the exact change in the zoning ordinance text proposed below or attach a separate sheet:

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Requirements for text amendment approvals are found in Article 7 of the Birch Run Township Zoning Ordinance.

10 copies of a completed application, along with the application fee must be returned to the Birch Run Township Offices at least 30 days prior to the Planning Commission meeting at which the request will be considered.

**Evaluation of the Request:**

Matters to be considered by the Birch Run Township Planning Commission for text amendments include, but are not limited to:

- 1) Is the proposed amendment supported by documentation, such as from the Zoning Board of Appeals, that the proposed amendment would minimize problems or conflicts with specific sections of the Ordinance?
- 2) Is the proposed amendment supported by reference materials, planning and zoning publications, information gained at seminars or experiences of other communities to more effectively deal with certain zoning issues?
- 3) Is the proposed amendment supported by significant case law?

In determining the above-mentioned findings of fact, the Planning Commission may solicit information and testimony from officials of, but not limited to, the County Health Department, County Road Commission, County Drain Commission, County Sheriff Department, and any school district affected.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I/We certify that I/We are owner(s) of property to be affected by the proposed amendment and certify the aforementioned information is accurate and agree to the request for rezoning as presented*

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**Fees:**

Application Fee: Administration & One (1) Text Amendment Meeting: \$750.00

Outside Consultant Escrow: \$2,500.00 / \$5,000.00 (a portion of this charge may be refundable or additional fees may be applicable). Please check with the Zoning Administrator on the applicable fees for your project.

Amount Paid: \_\_\_\_\_

☐ Check # \_\_\_\_\_ ☐ Cash \_\_\_\_\_ Date \_\_\_\_\_

Planning Commission Action: Schedule Public Hearing Date for: \_\_\_\_\_

Planning Commission Chairperson Signature: \_\_\_\_\_

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