



ZONING MAP AMENDMENT APPLICATION

APPLICATION CHECKLIST

- Completed and Signed Application.**
- Application Fee.**
- Preapplication Meeting Required.** Prior to accepting any applications, a preapplication meeting between the applicant and City Planning Staff is required.
 - Preapplication meeting date: _____
- Supporting Materials:**
 - Proof of Ownership,
 - Purchase/Lease Agreement
 - Parcel Number(s)
- Project Narrative.** This can be included within the questions in the application or provided as an attachment. Project Narrative should provide the reason for the rezoning and the manner in which the City will benefit if the amendment is approved. This narrative should include standards of approval from Section 6.804 of the City's Zoning Code.
- Completed Application Checklist.**



Application for Zoning Map Amendment

City of Pontiac

Office of Land Use and Strategic Planning

47450 Woodward Ave, Pontiac, MI 48342

T: 248.758.2800

F: 248.758.2827

Property/Project Address: _____

Sidwell Number: _____

Date: _____

Office Use Only

PF Number: _____

Instructions: Completed applications with appropriate fee shall be submitted to the Office of Land Use and Strategic Planning at least **30 days** prior to the regularly scheduled Planning Commission meeting. Applications must be complete in all respects with supporting documents such as site plan, property survey etc. Planning staff will schedule the application for consideration by the Planning Commission in accordance with the attached schedule. Incomplete applications will delay the review process.

Applicant (please print or type)

Name			
Address			
City			
State			
ZIP Code			
Telephone	Main:	Cell:	Fax:
E-Mail			

Project and Property Information

Name of Proposed Development: _____

The subject property is location at _____ on the N / S / E / W side of _____ between _____ and _____ .

The property is zoned: _____

Proposed Zoning District: _____

It is proposed that the property will be used as: _____

The subject property is legally described as follows (include sidwell numbers):

Property Owner Information

Name			
Address			
City			
State			
ZIP Code			
Telephone	Main:	Cell:	Fax:
E-Mail			

Are you the _____ Owner _____ Agent/rep. of the owner _____ Other _____

The proposed will be used for the following purpose (provide as much detail as possible with photographs, sketches, site plans, written documents, etc.).

State the reason for the Zoning Map Amendment, particularly the manner in which the City will benefit if the amendment is approved and why such change will not be detrimental to the public welfare and/or the property rights of other persons located in the vicinity of the site.

Signature of Owner

Signature of Applicant

*State of Michigan
County of Oakland*

On this ____ day of _____, A.D., 20____, before me personally appeared the above named person, who being duly sworn, stated he/she has read the foregoing application, by him/her signed, and know the contents thereof, and that the same is true of his/her own knowledge, except as to the matters therein stated to be upon information and belief and so as to those matters he/she believes it to be true.

*Notary Public, Oakland County, Michigan
My Commission Expires: _____*