

Rezoning Application

Applications Due: 4th Wednesday by 4:00pm
of every month

Planning & Zoning
150 N. Main Street
Imlay City MI 48444

adminasst@imlaycity.org
810-724-2135



Applicant: _____ Applicant Address: _____

Phone: _____ Email: _____

Property Owner (if not the same): _____ Phone: _____

Property Owner Address: _____ Email: _____

Property ID (Parcel #): _____ Lot Size: _____

Parcel Address: _____ Existing Use: _____

Current Zoning District: _____ Proposed Zoning District: _____

Proposed Use/Description: _____

Written Description Reason for Request (see Sec. 6.44 in Zoning Ordinance): _____

☐ **Concept Plan** (existing structures, propose use areas, general location proposed buildings and parking lot, surrounding properties) **Copies of Concept Plan:** ☐ Digital Copy ☐ 4 Hard Copies

☐ **A Legal Description of the Subject Property**

I do hereby swear that all statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file and act on behalf of all owners of the subject property. The undersigned deposes that foregoing statements, answers, and accompanied information is true and correct.

Applicant Signature: _____ Date: _____

Are you the Legal Owner of Subject Property? ☐ Yes ☐ No

If no, have the property owner fill out and sign this portion of the application. Include purchase agreement or other documentation regarding ownership consent.

Name: _____ Signature: _____ Date: _____

By signing this application, I consent to City Officials coming onto the subject property to evaluate this application. I acknowledge that I am responsible for all cost incurred by the City in the processing of this application, and I may be billed in addition to the initial fee.

Official Use Only

Received By: _____ Received Date: _____ Case #: _____ Fee Paid: _____

Planning Commission Public Hearing Date: _____

City Commission Final Decision Date: _____ ☐ Approved ☐ Approved with Conditions ☐ Denied

Notes: _____

Applicant: _____ **Applicant Address:** _____

To approve the proposed rezoning, at least one of the following standards in Sec. 6.44, must be met. Please write a response to justify the proposed rezoning.

a. Consistency with the goals, policies, and Future Land Use Map of the City of Imlay City Master Plan, including any subarea or corridor studies. If conditions have changed since the City of Imlay City Master Plan was adopted, the consistency with recent development trends in the area

b. Compatibility of the site's physical, geological, hydrological, and other environmental features with the potential uses allowed in the proposed zoning district.

c. Evidence the applicant cannot receive a reasonable return on investment through developing the property with one (1) of the uses permitted under the current zoning.

d. The compatibility of all the potential uses allowed in the proposed zoning district with surrounding uses and zoning in terms of land suitability, impacts on the environment, density, nature of use, traffic impacts, aesthetics, infrastructure, and potential influence on property values.

e. The capacity of city infrastructure and services sufficient to accommodate the uses permitted in the requested district without compromising the "health, safety, and welfare" of the City.

f. The apparent demand for the types of uses permitted in the requested zoning district in the City in relation to the amount of land in the City currently zoned to accommodate the demand.

g. Where a rezoning is reasonable given the above criteria, a determination shall be made that the requested zoning district is more appropriate than another district or amending the list of permitted or Special Land Uses within a district.
