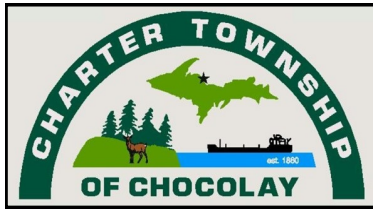


# Zoning Ordinance Text Amendment Application # 34-\_\_\_\_-\_\_



**Chocolay Charter Township  
Planning and Zoning Department**  
5010 US 41 South  
Marquette, MI 49855  
Phone: 906-249-1448 Fax: 906-249-1313

**APPLICANTS(S):** Complete this form by using the attached information sheet if needed and/or contact the Zoning Administrator for guidance. An application for a proposed text amendment by the PLANNING COMMISSION shall be submitted with the associated fee and any submit-tal information to the Planning/ Zoning Administrator at least thirty (30) days prior to the next scheduled Planning Commission meeting.

*ZONING ORDINANCE TEXT AMENDMENTS are used to change a specific development standard within one or more zoning districts. For example, a development standard for a neighborhood commercial zoning district may limit build-ings to two stories. A zoning ordinance text amendment could be utilized to revise this development standard to allow three story buildings. It is important to understand a zoning ordinance text amendment will affect not only our site, but all other properties within the same zoning district.*

**Fee: \$300.00**

**Township Staff Use**

**NOTE:** Incomplete Applications will not be accepted and notices required for public hearings will not be sent out until it has been verified that ALL of the information required is present at the time of the application—no exceptions!

Date request received: \_\_\_\_\_

Attach Copy of Letter and/or Application YES or NO

Hearing Date: \_\_\_\_\_ (Notice to published 15 days prior to hearing)

Date to Publish/ Post Notice: \_\_\_\_\_ Notice published YES or NO  
(statute requires mailed notification to each public utility operating in the district or zone affected that registers with the Town-ship Clerk for the purpose of receiving such notices.)

Date Fee Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

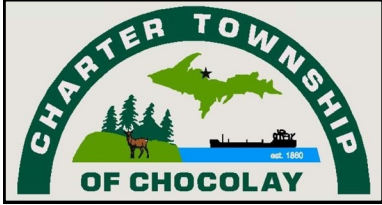
**To the Chocolay Township Planning Commission:** I (We), the undersigned, do hereby respectfully petition and make application to the Chocolay Township Planning Commission to amend the Chocolay Township Ordinance text as hereafter requested, and in support of this application, the following facts are shown:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



Zoning Ordinance Text Amendment Application

# 34-\_\_\_\_-\_\_

**Ordinance Sections:**

I (We) wish to propose that the following section (s) of the ordinance be amended.

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I (We) propose that the text be revised to accomplish the following purposes (s) and/or to read as follows: (attach additional sheets if necessary)

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**SIGNATURE**

I hereby certify the following:

1. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Planning Commission and that may not be necessarily be the next scheduled meeting due to notification requirements

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)



Zoning Ordinance Text Amendment Application

# 34-\_\_\_\_-\_\_

*Planning Commission Use Only*

The Chocology Township Planning Commission at a meeting duly convened on \_\_\_/\_\_\_/\_\_\_ reviewed the facts in a Zoning Ordinance Text Amendment Application (#34-\_\_\_\_-\_\_\_\_)

WEREAS, the board held a public hearing, duly published on \_\_\_/\_\_\_/\_\_\_, and

WEREAS, at said public hearing all who were desired to be heard and their testimony recorded, and

WEREAS, all testimony had been carefully considered and the following pertinent facts noted: NOW, THEREFORE BE IT RECOMMENDED, by the Chocology Township Planning Com-

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

mission that Application #34-\_\_\_\_-\_\_\_\_ be taken under consideration for approval by the Chocology Township Board of Trustees.

Signature of Planning Commission Chairperson  
\_\_\_\_\_

*Staff Use Only*

Date forwarded to Township Board: \_\_\_/\_\_\_/\_\_\_

Meeting Date: \_\_\_/\_\_\_/\_\_\_ Date of Hearing: \_\_\_/\_\_\_/\_\_\_

*(The township board may hold a public hearing if it wishes but such hearing is not required unless requested by an interested property owner by certified mail to the township clerk. If the certified request is received, notice of hearing is only required to be given to the interested property owner by mail 15 days prior to the scheduled date of meeting.*

*Where a hearing is scheduled by the township board on its own motion, a notice must be given by publication and mailing 15 days prior to the hearing.)*

Date of publication after Adoption \_\_\_/\_\_\_/\_\_\_  
*(The notice of adoption shall be published within 15 days after its adoption)*

Effective date of Amendment \_\_\_/\_\_\_/\_\_\_ *(8 days after adoption publications)*

Date entered into Ordinance Book \_\_\_/\_\_\_/\_\_\_