

CITY OF EVART

5814 100th Ave.

Evart, MI 49631

(231) 734-2181

(231) 734-3917-fax

www.evart.org

APPLICATION TO RE-ZONE

Date:

Applicant:

Name(s) _____

Address _____

Phone# _____

Property Owner:

(If different from applicant)

Name(s) _____

Address _____

Phone# _____

Site Characteristics

1. It is requested that the property be rezoned

From _____ classification

To _____ classification

The proposed use of the property: _____

2. Location of property

Address/Location: _____

Parcel ID#: 67-51 _____

3. Is the zoning proposal in conformity with the policy and intent of the comprehensive plan?

4. Will the zoning proposal permit a use that is suitable in view of the use and development of adjacent and nearby properties?

APPLICATION TO RE-ZONE (page 2)

5. Will the affected property of the zoning proposal have a reasonable economic use as currently zoned?

6. Will the zoning proposal adversely affect the existing use or usability of adjacent or nearby property?

7. Are other existing or changing conditions affecting the existing use or usability of the development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?

8. Will the zoning proposal adversely affect historical buildings, sites, districts, or archaeological resources?

9. Will the zoning proposal result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities or schools?

To the best of my knowledge, this zoning application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Evert.

Applicant's Signature

Date

Owner's Signature

Date

APPROVALS:

By: City of Evert Planning Commission on _____ 20____.

By: City of Evert City Council on _____ 20____.

Zoning Administrator

Date