

**ONTWA
TOWNSHIP**

Township of Ontwa * County of Cass * State of Michigan

www.Ontwatwp.Org

26225 U.S. 12 * P.O. Box 209 * Edwardsburg, MI. 49112 * Fax: (269) 663-0072 * Phone (269) 663-2347

Jerry Marchetti – Supervisor
Tins VanBelle – Clerk
Meryl Christenson - Treasurer

Jerry Duck - Trustee
Jeff Kozinski - Trustee
Dawn Bolock – Trustee
Dan Stutsman -Trustee

REZONING PETITION OR ORDINANCE AMENDMENT

TO:

- Ontwa Township Planning Commission
- Ontwa Township Board of Trustees

FROM:

(Petitioner)

(Address)

(City, State, Zip Code)

(Telephone, Home / Business/ Cell)

Please Note:

All questions must be answered completely. If additional space is needed, number and attach additional sheets.

ACTION REQUESTED:

The petitioner requests Ontwa Township approve the following petition for a zoning amendment.

This petition is for a text amendment “A” or a change to the zoning map “B” or both.

- Fill out pages 1, 2, and 4 of this application for “A” (text amendment).
- Fill out only pages 1, 3 and 4 for “B” (change the zoning map).
- Fill out pages 1, 2, 3, and 4 for both.
- If this is a multiple request, duplicate pages 2,or 3, as many times as necessary, so one copy is used for each requested change.

- A. Zoning Text Change.
- B. Zoning Map Change.
- A & B. Both Zoning Text & Map Change.

NOTE: The amendment(s), being requested, may be adopted, further revised or not adopted.

B. REZONING: Use another copy of this page for each different area being nominated for rezoning.

This request is to rezone land from: _____ :to: _____

PROPERTY INFORMATION:

Legal Description of land to be rezoned: _____

- attach, additional sheets if necessary
- attach copy of map showing proposed change

Property size: _____

Parcel Date Process (tax) Number __ - ____ - ____ - ____ - ____

Address of the property: _____

Attach or list all deed restrictions for the property in question.

List names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property at question:

This area is: un-platted platted will be platted If platted, name of plat:

What is present use of the property? _____

State specifically the reason for the proposed amendment at this time:

Explain how the zoning amendment conforms with the Ontwa Township Master Plan:

If the zoning amendment does not conform with the Master Plan, why should the change be made, or why should the Master Plan also be amended to accommodate this proposed zoning amendment. Be specific, brief, and documents statements. Indicate if the existing zoning is in error, or if conditions have changed to warrant amending the zoning ordinance.

What will be the anticipated impacts, if any, to all landowners in the zoning district if the zoning amendment were to be approved? _____

The undersigned affirms that he/she is the agent representing the applicant requesting the zoning change and the answers and statements contained here are true.

Signed: _____

Date: _____

Print Name: _____

Note:

When completed, send two copies to:
Ontwa Township Zoning Administrator
26225 U.S. 12
P.O. Box 209
Edwardsburg, MI. 49112