

PLANNING COMMISSION PETITION

TO: Clearwater Township Planning Commission
P. O. Box 1
Rapid City, MI 49676
231-331-6249 – Office
231-331-4375 – Fax

BY: _____
Name of Applicant

Street Address (Mailing Address)

City, State Zip

Telephone: (Home & Business)

PLEASE NOTE: Allow approximately 30 days for processing of application and public hearing. All questions that apply must be answered completely. Incomplete applications will be returned. If additional space is required, number and attach additional sheets. The total number of attached sheets is: _____.

1. ACTION REQUESTED

I (we), the undersigned, request a hearing before the Clearwater Township Planning Commission for the purpose indicated below: (check all that apply)

- _____ A. Text Amendment
- _____ B. Rezoning
- _____ C. Partition of Platted Lots (Split)
- _____ D. Site Plan Review
- _____ E. Special Use Permit

2. PROPERTY INFORMATION

A. Complete legal description of property or properties affected by this request: _____

Address of property or properties: _____

B. List all deed restrictions (attach additional sheets if necessary): _____

C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land: _____

D. This area is: _____ unplatted; _____ platted; _____ will be platted.
If platted, name of plat: _____

E. Attach a site plan or use page 6 to draw a site plan.

F. Present use of the property is: _____

G. Present zoning district classification of the property is: _____

H. A previous request has/has not (circle one) been made with respect to these premises in the last _____ years. If a previous appeal, rezoning, or Special Use Permit application was made, state the date, nature of action requested and the decision. Action requested: _____

Date: _____ Decision (approved/denied) _____

3. DETAILED REQUEST AND JUSTIFICATION

A. TEXT AMENDMENT

1. Amend Article: _____ Section: _____ to _____
(delete, supplement or clarify) the Clearwater Township Zoning Ordinance by making the following change(s). State proposed Ordinance language. Attach additional sheets if necessary: _____

2. State specifically the reason for this Amendment request. _____

B. REZONING

1. Rezone from _____ to _____ the property or properties described in Section 2 “property information” for the purpose: (State the proposed use of the land.) _____

2. Will this rezoning be in conformance with the adopted Master Plan of Clearwater Township? _____ Yes _____ No

3. If the proposed zone does not conform to the adopted Master Plan of Clearwater Township, why should the change(s) be made? Be specific and brief. Attach any supporting documentation which substantiates your claim. (This could include an allegation that the existing zoning is in error, which would be corrected by the proposed change, or that specific changes or changing conditions in the immediate area or in the Township make the rezoning necessary to promote public health, safety and the general welfare.) _____

4. What do you anticipate the impact(s) of the proposed rezoning to be on the adjacent property or properties? _____

5. What steps do you propose to take to minimize any negative impacts associated with the proposed change? _____

C. PARTITION OF PLATTED LOTS (SPLIT)

1. Do you own land adjoining the lot proposed to be split?
_____ Yes _____ One side _____ Both sides

2. If you do not own adjoining land on both sides of the proposed split, is the owner on the other adjoining side also requesting this split? (Joint request)
_____ Yes _____ No

3. Are you aware that, if approved, both partial lots shall be joined to and become a part of the adjacent lots?
_____ Yes _____ No

D. SITE PLAN REVIEW

1. Site plan shall show

- | | |
|--|--------------------|
| Property boundaries | Setback lines |
| Existing & proposed buildings | Parking |
| Auto ingress/egress | Loading areas |
| Existing & proposed roads/utilities | Landscaping |
| Existing natural features | Topographic relief |
| Septic fields | Scale |
| Contamination site (if any) | Wells |
| Storm/waste water retention/discharge plan | Storage tanks |

2. Is the proposed land use or activity in compliance with the Ordinance and with County, State and Federal Statutes: _____ Yes _____ No
If no, explain: _____

3. What impact(s) on adjacent property do you anticipate? _____

4. What steps do you propose to take minimize any negative impacts associated with the proposed use? _____

E. SPECIAL USE PERMIT

1. Is the proposed use harmonious with the character of adjacent property?
_____ Yes _____ No

2. Will the proposed land use change the essential character of the surrounding area? _____ Yes _____ No

3. Is the proposed use an improvement to the property under consideration and the surrounding area: _____ Yes _____ No

4. In your Site Plan, show proposed screening from any residence or residential districts.

4. **AFFIDAVIT**

The undersigned affirms that he/she/they is (are) the:

(specify: owner, lessee, other type of interest)
involved in this Petition (request) and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her or their knowledge and belief. Further that he/she/they hereby grant permission for members of the Planning Commission, Zoning Board of Appeals and the Zoning Administrator to enter the above described property for the purposes of gathering information related to this application.

Date

Applicant Signature

Date

Applicant Signature

For office use:

Date Received: _____

Property Tax Code: _____

Fee Amount: _____

Date Fee Received: _____

Hearing Date: _____

Board Action: _____

Action Date: _____

USE: _____

SEE CLEARWATER TOWNSHIP ZONING ORDINANCE #22 – Section 9.01 for setbacks:

Side Yard: _____ Rear Yard: _____ Front Yard: _____ Side Yard: _____

NOTES: _____ FEE: _____

LOT SIZE: (10 Feet is required between unattached new buildings): _____

SITE OR PLOT PLAN – FOR APPLICANT USE (Please note direction of North)