



CITY OF MANCHESTER
 912 CITY ROAD
 MANCHESTER, MI 48158
 (734) 428-7877 FAX: (734) 428-1877

PETITION FOR CHANGE IN ZONING MAP

Application Date: _____

APPLICANT IDENTIFICATION:

Lessee: _____ Telephone: _____

Address: _____

Owner: _____ Telephone: _____

Address: _____

Representative: _____ Type: _____ (describe type)

Contractor: _____ License #: _____

Address: _____

Architect or Engineer: _____ Telephone: _____

Address: _____

PROPERTY IDENTIFICATION:

Address: _____ Parcel ID#: _____

Location: between _____ and _____ Current Zoning:

_____ Subdivision Name: _____

Lot No.: _____ Block No.: _____

Zoning Request: _____ Legal Description: _____

ADDITIONAL

INFORMATION:

Please list all persons or organizations that, to your knowledge, may have an interest in this request, both for it and against it. _____

Why do you feel this requested zoning change is justified?

Describe how the zoning change would affect the public welfare and property rights of those persons in the vicinity.

Describe appropriately zoned land, which has also been considered for the proposed use.

Describe how the zoning change would benefit the City of Manchester.

Describe how the zoning change would meet the services and convenience requirements of potential users or occupants.

Give any other pertinent information, circumstances, conditions or factors that might justify a zoning change.

MAP REQUIRED:

Submit, along with this application form, a scaled map of the requested zoning change, showing property boundaries, boundaries of existing zones, proposed zones, and public or private easements located within or adjacent to it.

APPLICANT'S STATEMENT:

I hereby state that the information provided in this application is true and correct to the best of my knowledge. Applicant's

Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

For Office Use Only:

Fee Paid: _____ Date: _____ Received by: _____

Owner Verification: Performed by: _____ Date: _____

Date of Public Hearing: _____

Notice of Public Hearing published on: _____ (date)

in: _____ (media).

Public Hearing took place on: _____ (date)

Recommendation of Planning Commission Yes No

Comments: _____

Action by City Council: Approved Rejected

Date: _____

Comments: _____
