Fee: \$750.00 for the first 2 acres or portion thereof, plus an additional \$50.00 per additional acre or portion thereof.

CHARTER TOWNSHIP OF LANSING 3209 WEST MICHIGAN AVENUE LANSING, MICHIGAN 48917

FAX: (517) 485-3276

PETITION FOR CHANGE OF ZONING

I. Eight (8) copies of this Petition must be submitted to the Zoning Administrator.

II. PROPERTY INFORMATION

PHONE: (517) 485-4063

A. The undersigned applicant does hereby petition to change the zoning on the following legallydescribed property. Also list all deed restrictions and explain how they will affect the proposed development. (Attach additional sheet if necessary):

B. Situated at the following address:

C. The applicant does hereby request that the Lansing Charter Township Zoning Ordinance be

amended to reclassify this property from zone_____

to zone______ to permit the following use:______

- D. Required Plot Plan: Eight (8) copies of a Plot Plan of this property drawn to scale, showing both existing zone boundaries and those proposed, are hereby attached and part of this Petition. The Plot Plan shall be drawn to scale as prescribed by the Lansing Charter Township Planning Commission and shall show in detail:
 - 1) The existing conditions:
 - a) Soils
 - b) Topography
 - c) Existence of a floodplain, if any
 - d) Available utilities (sewer, water)
 - e) All adjacent land uses
 - f) Location of roads, road types (state, county or local): major, secondary or collector road) and
 - g) Location of drains

- 2) The proposed conditions:
 - a) Type of development
 - b) Number of residential units (if applicable)
 - c) Total acreage to be rezoned
 - d) Proposed density of residential units (if applicable)
 - e) Parking facilities
 - f) Street layout
 - g) Type and proposed location of utility connections (water, sewer)
- E. Where public sewer service is not available for use on the site proposed for rezoning, the <u>Petitioner</u> is responsible for submitting (attached to this petition), eight (8) copies of a soil percolation test. NOTE: Percolation tests must be made by a Registered Engineer or by a person designated to do so by the County Board of Health. Percolation tests are to be done in accordance with the procedures prescribed by the Lansing Charter Township Planning Commission.
- F. <u>Statement of Justification</u>
 - 1) State specifically the reason for this rezoning request at this time.

2)	Will this	rezoning	enable	expansion	of an	existing	building	or use?_

- If the proposed use is commercial in nature, has a market study been conducted?
 (If so, please attach 8 copies.)
- 4) If no market study has been done, why not?_____
- 5) Will this rezoning be in conformance with the Comprehensive Development Plan where it exists?_____ Note: The Charter Township of Lansing adopted a Comprehensive Land Use Plan in 2010.
- 6) If the proposed zone is nonconforming to the Plan, why should the change be made? Please be specific and brief. (Attach any supporting documentation that substantiates your claim.)

Rezoning Application, Page 3

G. Specific Information on the Proposed Development: Commercial and Industrial:

State the Proposed commercial or industrial use:

What noise, smoke, dust or odors can be expected to result from this proposed use?_____

State the distance from the nearest boundary of the proposed rezoned area and the closest:

(Attach additional sheets if necessary)

III. AFFIDAVIT

SIGNED	 	
ADDRESS	 	
PHONE		