

CASNOVIA TOWNSHIP
Muskegon County, Michigan

See page 3 for mailing instructions and other communications information.

REQUEST FOR CONDITIONAL RE-ZONING
An application to submit an Affidavit of Conditions to Re-Zone a parcel.

Important Notice to Applicants: *A minimum of 2 copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. The application must be completed in full. In additional space is needed, number and attach additional sheets.*

1) APPLICANT _____

Address _____

Telephone _____ - _____ - _____ Cell # _____ - _____ - _____ e-mail _____

2) LANDOWNER _____

(if different than applicant)

3) APPLICANT'S INTEREST IN PROPERTY (check one)

Owner Lessee Buy Option Other/Specify: _____

4) PROPERTY INFO:

Street Address: _____

Tax Parcel #: 61- _____ - _____ - _____ - _____ - _____

Deed Restrictions on Property (check one): Yes No Acreage: _____

Is Property in a (check if "yes"): platted or condominium subdivision?

Subd. Name: _____

Present use: _____

5) Activity/Structure for which conditional re-zoning is being sought: (check all that apply)

CURRENT ZONING DISTRICT	REQUESTED CONDITIONAL DISTRICT		
	<u>Existing</u>	<u>New</u>	<u>Additional/ Alteration</u>
R-1 Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1 Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-1 Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) SUPPORTING DOCUMENTS: The following must accompany each copy of this application form. Each supporting document must include the name and address of the applicant.

A. Narrative Description: A detailed narrative description of the proposed activity or construction including what is to be constructed and for what purpose, the nature of any repairs or alterations to existing structures, the number of employees, retail sales floor area (if any), basis for number of parking spaces proposed, manner of sewage/refuse disposal, nature of services to be provided, nature of products for sale or manufacture, etc. that would be involved in the conditions of re-zoning.

B. Plan/Statement of Analysis: Plan and supporting information (including a legal description) is required. A statement of analysis must also be included addressing the anticipated impact upon community facilities (such as schools and infrastructure), the anticipated new traffic generation (if any) and anticipated impact upon neighboring land uses and streets.

C. Proof of Property Ownership/Interest/Other Party Information: Proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property, and the names, addresses, phone numbers of all other persons or entities having legal or equitable interest in the property including written authorization by the landowner for a person to act on behalf of the landowners (if applicable).

D. Deed Restrictions: Copy of any existing and proposed deed restrictions on the property.

E. Utilities/Access: Permits/evidence demonstrating municipal approval of water supply and sewage disposal system, and any State Highway or County Road Commission approval for new driveways or curb cuts made necessary by the proposed use.

7) AFFIDAVIT: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Affidavit of Conditions to Re-Zone applied for, if granted, is issued on the representations made herein and that any Conditions to Re-Zone, Zoning Permit or Building Permit subsequently issued may be revoked because of a breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned authorize the Zoning Administrator, Building Official, Inspectors, Township Officials, Health Department, and any other person authorized by the Zoning Administrator to enter onto the property, enter any structure on the property without notice for the purpose of conducting inspections for compliance. Failure by the undersigned to permit such inspections shall result in the Conditions to Re-Zone, Zoning Permit or Building Permit being denied, or immediate termination of the Conditions of Re-Zone Zoning Permit or Building Permit that has been issued.

I (we) the undersigned understand that the Township after reviewing the Request for Conditional Re-Zoning application will produce an "Affidavit of Conditions of Re-Zoning". I (we) understand that such document must be signed and returned to the Zoning Administrator prior to any public hearing being scheduled.

_____	_____	_____	_____
Applicant Signature(s)	date	Property Owner (s) Signature(s)	date
		(if different than applicant)	

MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES

This application must be returned with a payment (check) for all applicable fees to the following address:

Zoning Administrator, Casnovia Township
245 S. Canada Road, Casnovia, MI 49318

Telephone: 616-675-4064

Fax: 616-675-5611

Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Casnovia Township".