

315 BRIDGE STREET  
P.O. BOX 398  
ELK RAPIDS, MI 49629-0398



**VILLAGE OF ELK RAPIDS**  
PHONE: 231-264-9274  
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**VILLAGE OF ELK RAPIDS PLANNING/ZONING DEPT.**

**E-MAIL:** [vllgzoning@elkrapids.org](mailto:vllgzoning@elkrapids.org)

| FOR OFFICE USE ONLY           |               |                 |
|-------------------------------|---------------|-----------------|
| Application No.<br><b>ZA-</b> | Date Received | Application Fee |

**ZONING AMENDMENT APPLICATION**

**NOTICE TO APPLICANT**

Applications for a Zoning Amendment Request must be received twenty-five (25) days prior to the date of the Planning Commission meeting to be placed on the agenda. You or your representative should be present at the meeting to explain your request and to answer any questions.

The Planning Commission shall schedule a public hearing following a determination by the Planning/Zoning Department that the application is complete after which the Planning Commission will make a recommendation to the Village Council. Two readings are required for Zoning Amendments to be scheduled by the Village Council at which time the Council will consider final action on the request.

Public hearing notices regarding rezoning requests will be sent to residents and property owners within 300 feet of the site involved in the request and notices will be posted on the Village of Elk Rapids website and published in the newspaper of record. The opinions and concerns of residents and adjacent property owners are taken into consideration by the Planning Commission and the Village Council in the course of the public hearing.

Regular meetings of the Planning Commission are held on the fourth Tuesday of each month at 7:00 p.m. at the Elk Rapids Community Governmental Center. Regular meetings of the Village Council are held on the first and third Monday of each month at 7:00 p.m.

| DECLARATION OF APPLICANT   |                      |
|--|----------------------|
| Applicant: (print name)  |                      |
| I, _____, hereby declare that the statements herein are true and complete to the best of my knowledge and properly represent the purpose and intent of the declared use. I also declare that by making this application, I, as the owner or authorized agent of the owner, the grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as may be required and appropriate to assess site conditions in support of a determination as to Zoning Code compliance. |                      |
| _____  | _____                |
| (Signature of Applicant)   | (Date of Submission) |

**APPLICATION DETAILS**

Purpose of Application:

**Text Amendment:** Identify Chapter, Article, and/or Section of the Village of Elk Rapids Zoning Code requested for amendment. Attach copy of proposed ordinance language.

**Re-zoning:** Parcel # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

State specifically the reason for this rezoning request. Include how, in the opinion of the Applicant, the rezoning requested is consistent with the Master Plan and with adjacent zoning districts and land uses: (attach additional sheets if necessary)

If the proposed rezoning does not conform to the Master Plan or adjacent zoning district and land uses, explain what specific changes or changing conditions in the immediate area make the rezoning necessary to the promotion of public health, safety, and welfare, and if approved, will not be detrimental to the property of other persons located in the vicinity. Attach any supporting documentation which substantiates your claim.

| <b>PROPERTY LOCATION INFORMATION</b>  |            |
|---|------------|
| Address Number & Street Name  |            |
| Parcel Number   | Lot Number |
| This parcel is:   |            |
| <input type="checkbox"/> Platted <input type="checkbox"/> Un-platted <input type="checkbox"/> Located within the T.I.F.A. |            |
| The present use of the property:  |            |

| <b>APPLICANT INFORMATION</b> |             |                            |                  |
|------------------------------|-------------|----------------------------|------------------|
| Applicant is:                | Owner       | or                         | Authorized Agent |
| Last Name:                   | First Name: | Corporation or Partnership |                  |
| Applicants Address:          |             |                            |                  |
| Municipality:                | State:      | Zip Code:                  |                  |
| Telephone number:            | Fax number: | E-Mail:                    |                  |

| <b>OWNER INFORMATION (if different from Applicant)</b> |             |                            |
|--|-------------|----------------------------|
| Last Name:   | First Name: | Corporation or Partnership |
| Applicants Address:                                    |             |                            |
| Municipality:  | State:      | Zip Code:                  |
| Telephone number:                                      | Fax number: | E-Mail:                    |

| <b>REQUIRED INFORMATION AND ACCOMPANYING DOCUMENTS</b>  |
|---|
| <p>The following items must be provided at time of submittal to the Planning and Zoning Administrator:</p> <ul style="list-style-type: none"> <li>Completed Village of Elk Rapids Zoning Compliance Permit Application</li> <li>Zoning Amendment Application Fee</li> <li>Site Plan drawn to scale or registered land survey showing property lines, location of all existing structures and propose improvements and their distance from the property lines, and all abutting roads, streets, alleys, or easements.</li> </ul> |

**FOR OFFICE USE ONLY**

Application No. \_\_\_\_\_ Fee Tendered \$ \_\_\_\_\_ Cash Check No. \_\_\_\_\_

Application:            Approved            Denied

Authorized Signature:

\_\_\_\_\_

Planning and Zoning Administrator

\_\_\_\_\_

Date