



## ROBINSON TOWNSHIP

12010 - 120<sup>th</sup> Avenue, Grand Haven, Michigan 49417 616-846-2210

### ZONING ORDINANCE MAP OR TEXT AMENDMENT APPLICATION

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For an application to be considered complete, all requested information must be provided. If an item is not applicable to your application, please state "not applicable" and provide an explanation why it is not applicable.

- **Initial Review Body:** Planning Commission
- **Meeting Frequency:** Fourth Tuesday of every month
- **Application Deadline:** Forty-two (42) calendar days prior to the fourth Tuesday meeting at which you desire your application to be considered.

**DO NOT DISCARD THIS PAGE  
YOU MUST SUBMIT THIS PAGE WITH YOUR APPLICATION**

For Office Use Only

Date Received: \_\_\_\_\_ Payment \$ \_\_\_\_\_ Escrow Fee \$ \_\_\_\_\_

Check No. \_\_\_\_\_ or Cash \_\_\_\_\_



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## REQUEST FOR ZONING ORDINANCE AMENDMENT

\_\_\_\_\_ MAP AMENDMENT \_\_\_\_\_ TEXT AMENDMENT

**REQUEST FEE: \$1800.00 + ESCROW FEE MINIMUM \$1,700.00**

(Escrow fees cover additional Township expenses. Unused portion of an escrow account is returned to the applicant)

### **PLEASE NOTE ESCROW FEES ON APPLICATIONS**

The Board adopts an application fee to cover normal Township expenses such as clerical and Zoning Administrator costs and a specified number of meetings of the appropriate board. In addition to the nonrefundable application fee, the Board requires an applicant to reimburse the Township for all out-of-pocket expenses incurred by the Township in processing any application (including but not limited to publication expenses; mailing expenses; engineering expenses; attorney expenses; additional Board, ZBA or Planning Commission meeting expenses; any other professional expenses; etc.). This shall be done by the collection of an escrow fee at the time an application is submitted. Any unused portion of the escrow fee shall be refunded to the applicant. In the event that the escrow amount needs to be increased, the applicant shall be notified and must replenish the escrow account in the amount determined by the township supervisor before any additional action will be taken.

All petitions for an amendment to the Zoning Ordinance or the Zoning Map shall be in writing, signed, and filed in triplicate with the Township Clerk for presentation to the Planning Commission. Such petitions shall be accompanied by the required fee and shall include the following information.

#### **SECTION 41.2 - AMENDMENT PETITION PROCEDURE**

(A) Name of Petitioner: \_\_\_\_\_

Address of Petitioner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

What is the Petitioner's interest in making this petition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the name, address and interest of every person who has a legal or equitable interest in any land to be rezoned. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(B) What is the nature and effect of the proposed amendment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the proposed zoning of any property requested to be rezoned? \_\_\_\_\_

(C) If the proposed amendment would require a change in the Zoning Map, attach a fully dimensional map showing:

1. The land which would be affected by the proposed amendment;
2. A legal description of the land proposed for rezoning;
3. If the land proposed for rezoning does not include the entire parcel or lot, the land and legal description of the portion of the parcel of the lot which is not proposed for rezoning;
4. The present zoning of the land proposed for rezoning;
5. The present zoning of all abutting lands; and
6. All public and private rights-of-way and easements bounding and intersecting the land proposed for rezoning.

(D) If the petition is to correct an alleged error in the text of the Zoning Ordinance or in the Zoning Map, provide a detailed explanation of such alleged error and detailed reasons why the proposed amendment will correct the error.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(E) State any changed or changing conditions in the area or in the Township that make the proposed amendment reasonably necessary to the promotion of the public health, safety and general welfare.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (F) Specify all other circumstances, factors and reasons that support the proposed amendment (an advisory petition in favor of the proposed amendment, which petition is attached, is recommended, but not required).

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**ADDITIONAL INFORMATION**

- (1) Please provide proof of ownership. If ownership is pending a purchase agreement that is conditional to the Zoning Amendment request, please provide proof of said agreement.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner



**CIRCULATOR'S SIGNATURE**

I certify that I personally circulated the attached Advisory Petition and that the individuals who signed it did so in my presence, that they stated they either own property in or reside in Robinson Township or in a directly abutting local unit of government, and that I believe the information in this Advisory Petition to be accurate.

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Date

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Signature