

ZONING AMENDMENT FORM



**LENAWEE COUNTY PLANNING COMMISSION
(COORDINATING ZONING)**

Return to: Lenawee County Planning Commission • c/o Region 2 Planning Commission • 120 W. Michigan Avenue • Jackson, Michigan 49201

Please submit the Planning Commission meeting minutes and any reports/exhibits the Commission used to make its recommendation with this form. Use a separate form for each proposed zoning change. Please include a legal description/survey with rezoning requests in addition to the Parcel ID Number.

A copy of this form with the LCPC recommendation will be mailed back to the Clerk, who will return a copy to the LCPC with the Township Board Action.

THE _____ TOWNSHIP PLANNING COMMISSION submits the following proposed zoning change to the Lenawee County Planning Commission for its review, comment, and recommendation:

(ANSWER EITHER A or B)

A. DISTRICT BOUNDARY CHANGE (REZONING):

(Provide the legal and popular property descriptions, the Parcel ID Number(s), the number of acres, and the section(s) in which the property is located. Attach additional sheets if more space is needed. Attach a map showing all changes and additions.)

1. The above described property has a proposed zoning change FROM _____ ZONE TO _____ ZONE.

2. PURPOSE OF PROPOSED CHANGE: _____

B. ZONING ORDINANCE TEXT AMENDMENT:

The following Article(s) and Section(s) is amended or altered: ARTICLE _____ SECTION _____
The NEW SECTION reads as follows: (Attach additional sheets if more space is needed.) _____

C. **PUBLIC HEARING** on the above amendment was held on: month _____ day _____ year _____

D. **NOTICE OF PUBLIC HEARING** was published/mailed on the following date: month _____ day _____ year _____
(Notice must be provided at least fifteen days prior to the public hearing.)

E. **THE NEWSPAPER** (having general circulation in Township) carrying the NOTICE: _____

The PROPOSED ZONING AMENDMENT described herein was duly considered by the Township Planning Commission and will be forwarded to the Township Board with a recommendation to APPROVE or DISAPPROVE.

_____, Chair or Secretary _____ / _____ / _____ (enter date)

LENAWEE COUNTY PLANNING COMMISSION (LCPC) ACTION:

1. Date of Meeting: month _____ day _____ year _____

2. The LCPC herewith certifies receipt of the proposed amendment on the above date and:

- Recommends APPROVAL of the zoning change
- Recommends DISAPPROVAL of the zoning change for the reasons stated in the attached letter.
- Recommends APPROVAL of the zoning change with comments, as stated in the attached letter.
- Takes NO ACTION.

_____, Recording Secretary _____ / _____ / _____ (enter date)

TOWNSHIP BOARD ACTION:

1. Date of Meeting: month _____ day _____ year _____

2. The _____ Township Board herewith certifies that a legally constituted meeting held on the above date and that the proposed amendment PASSED, DID NOT PASS, or was REFERRED ANEW to the Township Planning Commission.

Township Clerk