



Charter Township of Orion

Planning & Zoning Department

2525 Joslyn Rd., Lake Orion MI 48360

P: (248) 391-0304 ext. 159; Fax (248) 391-1454

Checklist for Rezoning Application

Applications must be submitted by noon on Wednesday, four weeks prior to a scheduled meeting. Meetings are held on the first and third Wednesday of each month, unless otherwise specified.

The petitioner, or a representative with written permission from the property owner, must be present at the meeting. Refer to 30.04, C for the criteria the Planning Commission will use to reach their decision to amend the zoning map.

The following must accompany your completed application; incomplete submittals will not be accepted.

- Complete application including original ink signatures of property owner and the applicant.
- The Rezoning fees calculated using Ordinance No. 41.
- Proof of ownership. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.
- 17 sets of a 24" x 36" plot plan containing all elements within Zoning Ordinance No. 78, Section 30.04,B, 2.
- 17 sets of all supporting documents, reports, studies etc.
- PDF format copy of all information submitted (may be emailed or provided on a USB/flash drive).

Please note that an applicant requesting a zoning map change, shall construct and install a sign indicating the requested change of zoning. See Zoning Ordinance No. 78, Section 30.04, H for details.

If you have any questions, please call the Planning and Zoning Director (248) 391-0304 ext. 159



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Case # _____

Meeting Date: _____

Charter Township of Orion Planning Commission Rezoning Application

30.04, Amendments to the Zoning Ordinance: Map amendments may be initiated by any governmental body or any persons having a freehold interest in the subject property, or a possessory interest entitled to exclusive possession, or a contractual interest which may become a freehold interest, or an exclusive possessory interest entitled to exclusive possession or which is specifically enforceable.

Project Name: _____

| | |
|----------------------------------|---|
| Applicant | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ |
| *Property Owner(s) | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ * If the name on the deed does not match the name of the property owner on this application, documentation showing the individual is the same as the company name must be provided. |
| Plan Preparer Firm/Person | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ |
| Project Contact Person | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ |

Property Description

Sidwell Number(s): _____

Location or Address of Property: _____

Side of Street: _____ Nearest Intersection: _____

Acreage: _____ Current Use of Property: _____

Frontage (in feet): _____ Depth (in feet): _____

Subject Property Zoning: _____ Adjacent Zoning: N. S. E. W. _____

Is the complete legal description printed on the site plan? Yes No (if no please attach to the application)

Requested Zoning Classification: _____

Existing Use of Property: _____ Proposed Use of Property: _____

Explain why the rezoning is necessary for the preservation and enjoyment of the rights of usage commonly associated with property ownership: _____

Explain why the existing zoning classification is no longer appropriate: _____

Explain why the proposed rezoning will not be detrimental to surrounding properties: _____

Requested Rezoning

I/We, the undersigned, do hereby submit this application for Rezoning, pursuant to the provisions of the Charter Township of Orion Zoning Ordinance; No. 78, Section 30.04 and applicable ordinance requirements. In support of this request the above facts are provided. I hereby certify that the information provided is accurate and the application that has been provided is complete.

Signature of Applicant:

(must be original ink signature) _____ Date: _____

Print Name: _____

I, the property owner, hereby give permission to the applicant listed above to act as my agent in submitting applications, correspondence and to represent me at all meetings. I also grant permission to the Planning Commission members to visit the property, without prior notification, as is deemed necessary.

Signature of Owner:

(must be original ink signature) _____ Date: _____

Print Name: _____



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Project Name _____

PC# _____ Parcel#(s) _____

Please select an option below:

Permission to Post on Web Site

By signing below as applicant and on behalf of my consultants, we agree to allow the plans for the above named project, in which approval is being sought by the Planning Commission and/or Township Board, to be posted on the Township website.

Signature of Applicant

Date

Printed Name of Applicant

SURVEY FOR BUILDER/DEVELOPERS

Did you know Orion Township is located within the Clinton River Watershed?

A watershed is another name for a river basin. It is an area of land that drains into a common body of water. Did you know that rain water and melting snow makes its way into our lakes and the Clinton River after it leaves the parking lot or storm drain? Orion Township, along with our neighboring communities, is in the process of developing a watershed management plan to comply with Federal stormwater permit regulations to improve the quality of stormwater generated from new development and redevelopment. Your opinion on the following questions would be appreciated. Please answer these short questions and return to the Building Department.

1. Please rate the following governmental goals and objectives.

| | Very Important | Important | Not Important | Don't know |
|--|----------------|-----------|---------------|------------|
| Improving Recreational Quality & Opportunities | | | | |
| Preserving Fish & Wildlife Habitat | | | | |
| Reducing erosion and flooding | | | | |
| Protecting wetlands and woodlands | | | | |

2. How significant do you believe the problems caused by soil erosion, chemicals such as fertilizer, oil and pesticides are in the watershed?

| Very Significant | Somewhat Significant | Insignificant | Don't Know |
|------------------|----------------------|---------------|------------|
| | | | |

3. Are you aware of the functional benefits of preserving natural features in stormwater management, such as increasing infiltration capacity and slowing runoff and decreasing infrastructure expenses?

YES

NO

4. Have you experienced a correlation between preservation of natural areas and quality of the development or sales volume?

YES

NO

5. Have you implemented State recommended Best Management Practices (BMPs), such as bio-retention, vegetated swales, or porous pavement in past developments?

YES

NO

Over Please

SURVEY FOR BUILDER/DEVELOPERS

6. Would you be interested in participating in future surveys or volunteer committees?

YES

NO

Contact Information

| | |
|---------|--|
| Name | |
| Address | |
| Phone | |
| Email | |