



Charter Township of Orion

Planning & Zoning Department

2525 Joslyn Rd., Lake Orion MI 48360

P: (248) 391-0304 ext. 5000; 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.
- 13 sets of a 24" x 36" plot plan containing all elements within Zoning Ordinance No. 78, Section 30.04,B, 2.
- 13 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.

The Township reserves the right to request additional copies of printed materials as necessary.

If you have any questions, please call the Planning and Zoning Director (248) 391-0304 ext. 5000



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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: _____ <p style="font-size: small;"> 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.</p>
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



Proposed Rezoning Change Sign

Special Use Sign

SIGN REQUEST FORM

OWNER/ APPLICANT INFORMATION

Name:		Phone Number: ()	
Address:	City:	State:	Zip Code:
Signature:			

PROPOSED ZONING ADDRESS

Address where the Work will Occur:	Parcel Id Number:
Number of Signs Requested (check box): <input type="checkbox"/> 1 (\$350.00) <input type="checkbox"/> 2 (\$450.00) <input type="checkbox"/> 3 (\$550.00) <input type="checkbox"/> 4 (\$650.00)	

**Please make check payable to "Orion Township" and reference "B&G Sign Request" in memo area*

Additional Comments:

PLANNING & ZONING USE ONLY

Date for installation:	Removal Date:
Check box: <input type="checkbox"/> Completed application	<input type="checkbox"/> Payment received (Total Payment: _____)
<input type="checkbox"/> Buildings & Grounds notified of installation date	<input type="checkbox"/> Buildings & Grounds notified of removal date
<input type="checkbox"/> Copy of Request Form Sent to Buildings & Grounds	

BUILDINGS & GROUNDS USE ONLY

Check Box: Installation completed Removal completed

Work completed by: _____ **Date:** _____