

MICHAEL J. DEVRIES
SUPERVISOR

EDWARD J. ROBINETTE
CLERK

DAVID A. VAN DYKE
TREASURER



RUSTY MERCHANT
TRUSTEE

ROBERT W. ROTH
TRUSTEE

DAVID M. PIERANGELI
TRUSTEE

LEE VANPOPERING
TRUSTEE

REZONING

PROCEDURE:

- Applicant meets with Planning Staff to discuss the request and explain the process
- Applicant completes the Rezoning Application
- Application and fees are submitted to the Township
- The application is reviewed and if complete, is placed on the agenda for the next Planning Commission Meeting
- Public Notice is sent to neighbors and published
- Presentation to the Planning Commission by the applicant, a Public Hearing will be held, followed by discussion and consideration by the Planning Commissioners to determine recommendation to the Township Board.
- Applicant will receive written confirmation of the decision from the Township within 30 days of the final determination from the Township Board
- The applicant may then apply for a building permit if the rezoning is granted

APPLICATION INSTRUCTIONS:

Please call (616) 361.7391 to schedule a Pre-Application Conference with the Planning Staff.

This application is used for Rezoning and amendments to existing approved Planned Unit Developments. Please indicate your request in the appropriate area on the application.

A completed application includes the following items pertaining to the requested Rezoning:

1. 11 full-sized, folded copies and 1 ledger-sized copy of a scaled, legible illustration with the required details.
2. A separate detailed written statement fully explaining your request.
3. Legal description of the property.
4. All appropriate signatures and authorizations.
5. The fee as listed.

****Please note at no time shall the balance in the escrow account fall below \$2,500.00. Petitions will be held until the escrow account is replenished. Questions regarding the status of the escrow account can be directed to the Treasurer's Department at (616) 361.7391.**

Incomplete applications will be returned to the applicant.

A calendar outlining submission and meeting dates is attached. Rezoning petitions are heard in front of the Planning Commission and then the Township Board. It is the applicant's responsibility to provide revised drawings (4 full-sized folded copies and 1 ledger-sized copy) and other required information for the Township Board meetings.

****Please note that because of the numerous applications that we receive, applications may be delayed if submitted on the last filing day, or if the agenda is full.**

GRAND RAPIDS CHARTER TOWNSHIP

1836 E Beltline Ave NE | Grand Rapids MI 49525 | P: 616.361.7391 | F: 616.361.6620
www.grandrapidstwp.org

REZONING		
APPLICATION:		
Applicant:		
Mailing address:		
City:	State:	ZIP Code:
Phone:	Phone:	Fax:
Email:		
Project Manager (required):		
Mailing address:		
City:	State:	ZIP Code:
Phone:	Phone:	Fax:
Email:		
Architect/Engineer:		
Mailing address:		
City:	State:	ZIP Code:
Phone:	Phone:	Fax:
Email:		
Property Owner:		
Mailing address:		
City:	State:	ZIP Code:
Phone:	Phone:	Fax:
Email:		
Address of Property:		
Legal Description of Property:		
Permanent Parcel Number: 41-14-		
<i>Request to Rezone</i>	From:	To:
For the following purpose:		
Present use of property:		

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REZONING	
Attach a detailed written statement fully explaining your request.	
Attach an accurate drawing of the site showing: <ul style="list-style-type: none"> - property boundaries - existing and proposed building - unusual physical features of the site or building - abutting streets - existing zoning on the adjacent properties - location of buildings on adjacent properties 	
Names and addresses of all other Persons, Firms or Corporations having a Legal or Equitable Interest in the Property:	
*Applicant must provide Lease, Purchase Agreement or Authorization from Owner:	
DECLARATION:	
I, the applicant, do hereby declare that I am the owner, or the authorized agent of the owner, of the above legally described property on which the Rezoning is proposed, and that the answers given herein are true to the best of my knowledge. I understand that if the request is granted, I am in no way relieved from all other applicable requirements of the Grand Rapids Charter Township Zoning Ordinance.	
By virtue of my application, I do hereby declare that the appropriate appointed officials and Township staff responsible for the review of my application are given permission to visit and inspect the property proposed for Rezoning in order to determine the suitability of the request.	
Applicant Signature:	Date:
Applicant Name:	
FILING FEE:	
Rezoning including PUD's	\$1,250.00 + \$3,000.00 Escrow
PUD Amendment	\$625.00 + \$1,500.00 Escrow <i>(if within one year of first approval)</i>

Office Use Only	
Date Filed: _____	Fee Paid: _____
PC Meeting: _____	Received By: _____
Case Number: RZ-_____	