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## PETITION AND APPLICATION FOR AMENDMENT OF THE ZONING ORDINANCE

Submit six (6) copies of completed application and all required materials to the Township

### Applicant(s) Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Interest in the Subject Property \_\_\_\_\_

### Owner Information

*(If different from applicant, include owner-signed consent to, and certification of, application)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Address of Subject Property:** \_\_\_\_\_

**Parcel Identification Number:** \_\_\_\_\_

**Legal description (attach copy if necessary):** \_\_\_\_\_

\_\_\_\_\_

**Current Zoning:** \_\_\_\_\_

**Proposed Zoning Amendment Request:** \_\_\_\_\_

**Describe In Detail the Proposed Use for the Property (if applicable):** \_\_\_\_\_

\_\_\_\_\_

In addition to completing this application form, before the Planning Commission will consider the application, applicant(s) must attach the following to this application:

- Supporting material, exhibits and information that will support a finding of the following criteria (Section 14.02 of the Zoning Ordinance):

1. Requested amendment will be consistent with and in accordance with the objectives and goals of the Dallas Township Development Plan and Zoning Ordinance. \_\_\_\_\_

2. Requested amendment will be compatible with the surrounding uses and zoning regarding land suitability, impacts on the environment, density, nature of use, traffic impacts, aesthetics, infrastructure and potential influence on property values compared to uses permitted under current zoning. \_\_\_\_\_
3. The capacity of local utilities and public services is sufficient to accommodate all proposed uses permitted in the requested district without compromising the health, safety, and welfare of Dallas Township residents, including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district. \_\_\_\_\_
4. The extent approval or denial of the requested amendment is supported by prior actions of the Township and the possible effects of an approval or denial.  
\_\_\_\_\_
5. Proposed zoning amendment will not create an isolated and unplanned spot zone.  
\_\_\_\_\_

Applicant(s) Certification:

Applicant(s) acknowledge(s) that the information submitted in and with this application is true and correct to the best of his or her knowledge.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s) \_\_\_\_\_

\_\_\_\_\_ Tel. No: \_\_\_\_\_

Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Dallas Township Ordinance, and the authority to act on behalf and bind any business, company, or corporation (if applicable), notwithstanding the signature or approval of any Township employee(s) or official(s) and that Dallas Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Dallas Township Ordinance.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s) \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY DALLAS TOWNSHIP**

Fee Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

DALLAS TOWNSHIP,  
CLINTON COUNTY, MICHIGAN

APPLICATION DATE. \_\_\_\_\_

PETITION NO. \_\_\_\_\_

Escrow Deposit: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Date of Public Hearing before Planning Commission: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Date of Mailing: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, the Dallas Township Planning Commission:

Recommended approval of the amendment to the zoning ordinance for the following reason(s)

: \_\_\_\_\_

\_\_\_\_\_

Recommended denial of the amendment to the zoning ordinance for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Planning Commission Chair

Date: \_\_\_\_\_

\_\_\_\_\_  
Zoning Enforcement Officer

Date: \_\_\_\_\_

Date of Public Hearing before Township Board, if requested: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Date of Mailing: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, the Dallas Township Board:

Approved the amendment to the zoning ordinance for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DALLAS TOWNSHIP,  
CLINTON COUNTY, MICHIGAN

APPLICATION DATE. \_\_\_\_\_

PETITION NO. \_\_\_\_\_

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[ ] Denied the amendment to the zoning ordinance for the following reason(s): \_\_\_\_\_

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Date: \_\_\_\_\_

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Township Clerk

Copy of Completed Change of Zoning Application retained by or provided to:

- |                                                    |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Applicant                 | <input type="checkbox"/> Zoning Enforcement Officer |
| <input type="checkbox"/> Planning Commission Chair | <input type="checkbox"/> Township Clerk             |