



# CITY OF GRAND LEDGE

Established 1893

Zoning Administrator

319 Taylor St.  
Grand Ledge, MI 48837

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## Rezoning Petition

### For Office Use Only

Fee Paid \_\_\_\_\_

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

Petitioner(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

\_\_\_\_\_

Evening Phone \_\_\_\_\_

Interest in Property (check one)

Owner

Option to buy

Represent Owner

Lessee

Other \_\_\_\_\_

Complete address of property requested to be rezoned \_\_\_\_\_

\_\_\_\_\_

Owner Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

\_\_\_\_\_

Evening Phone \_\_\_\_\_

Legal Description (indicate attached if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot size: Width \_\_\_\_\_ Length \_\_\_\_\_ Area \_\_\_\_\_

Current zoning: \_\_\_\_\_ Proposed zoning \_\_\_\_\_

Proposed use of rezoned property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain what changes or conditions make this proposed rezoning necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Residential property
  - Single Family: Number of bedrooms \_\_\_\_\_
  - Multiple Family: Efficiency \_\_\_\_\_
  - One bedroom \_\_\_\_\_
  - Two bedroom \_\_\_\_\_
  - Three bedroom \_\_\_\_\_
  - Total units \_\_\_\_\_
  - Accessible onsite parking spaces \_\_\_\_\_

- Commercial property
  - Employees \_\_\_\_\_
  - Accessible onsite parking spaces \_\_\_\_\_
  - Hours and days per week of operation \_\_\_\_\_

Petition must include photographs of the property, copies of any other required permits and a site plan, as follows:

- Drawn to a scale of at least 1"=100'
- Existing and proposed structures (buildings, trash receptacles, landscaping, etc.)
- Existing and proposed parking areas and driveways
- Existing and proposed roads, easements and other access points
- Flood plain elevations, if applicable
- Zoning classifications of all abutting land within 300 feet

I certify the statements made and the information provided in this rezoning application are true, accurate and complete.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Required Reviews

	Approve Petition	Deny Petition	Initials
<input checked="" type="checkbox"/> Zoning Administrator	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Planning Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> City Council	<input type="checkbox"/>	<input type="checkbox"/>	_____