



Charter Township of Orion

Planning & Zoning Department
2323 Joslyn Rd., Lake Orion MI 48360
P: (248) 391-0304 ext. 5000

Checklist for Rezoning Application

Applications must be submitted by noon on Wednesday, four (4) weeks prior to a scheduled meeting. Meetings are held on the first and third Wednesday of each month, unless otherwise specified.

The applicant or a designated representative must be present at the Planning Commission meetings. Refer to Ordinance No. 78, Sections 30.04(C) and 30.04(D)(4) 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.
- Three (3) sets of a 24" x 36" plot plan containing all elements within Zoning Ordinance No. 78, Section 30.04(B) need to be delivered to the Township at the above address.
- Three (3) 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).

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 at (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: _____ * 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 Rezoning

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: _____

Required Signage

Pursuant to Zoning Ordinance 78, Section 30.04(H), a sign indicating the requested rezone shall be installed on the parcel(s) no less than 15 days prior to the scheduled public Hearing. Please check one:

- I will install the sign(s) as required (see below for specifications).
- I would like to lease signage from the Township (including installation)
(please complete attached Sign Request Form).

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: _____

*If the deed of ownership does not show an individual, ie a corporation, partnership, etc., documentation must be provided showing the individual signing this application has signing rights for the entity.

As per Ordinance 78, Section 30.04(H), a sign shall be installed 15 days prior to the required public hearing. Please see the Ordinance for additional specifications.

The sign shall have the following wording:

ZONING CHANGE PROPOSED
For more information call:
Charter Township of Orion
Planning and Zoning Department
248-391-0304 ext. 5002

- (min 8" high letters)
- (min 3" high letters)
- (min 4" high letters)
- (min 4" high letters)
- (min 4" high letters)

*Please note, the Township does offer the ability to rent the required signage (see attached form). Please contact the Planning and Zoning Department with any questions.



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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

Do not want Posted on Web Site



<input type="checkbox"/>	Proposed Rezoning Change Sign
<input type="checkbox"/>	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"/> Buildings & Grounds notified of installation date <input type="checkbox"/> Copy of Request Form Sent to Buildings & Grounds	<input type="checkbox"/> Payment received (Total Payment: _____) <input type="checkbox"/> Buildings & Grounds notified of removal date

BUILDINGS & GROUNDS USE ONLY

Check Box: Installation completed Removal completed

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

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	