

## **City of Williamston**

Planning & Community Development Department

161 E. Grand River Avenue Williamston, MI 48895 commdev@williamston-mi.us

## **REZONING APPLICATION**

PROPERTY OWNER INFOR	MATION				
Property Owner Name:					
Property Owner Address:			City, State, Z	ip:	
Telephone:	E-Mail Address:				
APPLICANT INFORMATION  If the applicant is NOT the  Applicant Name:	property o			_	
Applicant Address:					
Telephone: E-Mail Address:					
Applicant is: (circle one)	Business C	Owner Arcl	nitect/Engineer	Other (specify)_	
PROPERTY INFORMATION If more than one parcel is additional parcels on sepa	proposed fo		olease include the	following inforn	nation for the
Current Property Use is: (	circle one)	Residential	Commercial	Industrial	Vacant
Property Address:			_ Parcel ID Numbe	er (PIN):	
Property Dimensions: Wid	th:	Len	gth:	Area:	
urrent Zoning District: Proposed Zoning District:					
Master Plan Future Land L	Jse Designat	tion:			

## **CRITERIA FOR REZONING APPROVAL**

Per Section 74-9.504 of the Zoning Ordinance the Planning Commission and City Council shall consider the following criteria in making findings, recommendations and a decision regarding any proposed property rezoning. The applicant must provide a response as to how the proposed project will meet the criteria for the proposed rezoning. (Attach additional sheets if necessary)

A.	Is the proposed rezoning consistent with the goals, policies and future land use map of the City of Williamston Master Plan, including any subarea or corridor studies? If conditions have changed since the Master Plan was adopted, is the consistency with recent development trends in the area.					
В.	Is the proposed rezoning compatible with the site's physical, geological, hydrological and other environmental features with the host of uses permitted in the proposed zoning district?					
C.	Provide evidence that the applicant cannot receive a reasonable return on investment through developing the property with one (1) or more of the uses permitted under the current zoning.					
D.	Explain the compatibility of all the potential uses allowed in the proposed zoning district with surrounding uses and zoning in terms of land suitability, impacts on the environment, density, nature of use, traffic impacts, aesthetics, infrastructure and potential influence on property values.					
Ε.	Is the capacity of City utilities and services sufficient to accommodate the uses permitted in the requested district without compromising the health, safety and welfare of the City?					
F.	Is the street system capable of safely and efficiently accommodating the expected traffic generated by uses permitted in the requested zoning district?					

G.	Are the boundaries of the requested rezoning district reasonable in relationship to surroundings and will construction on the site be able to meet the dimensional regulations for the zoning district?						
Н.	H. If a rezoning is appropriate, explain how the req appropriate from the City's perspective than another z		s considered to be more				
I.	I. If the request is for a specific use, is rezoning the permitted or special land uses in the current zoning dis		than amending the list of				
J.	J. Will the requested rezoning create an isolated or incon	npatible zone in the neigh	borhood?				
<u>A[</u>	ADDITIONAL REQUIRED DOCUMENTS						
	1) Proof of Ownership: Provide proof of ownership suc SIGNATURES	ch as property tax receip	ot or copy of deed.				
l, _		or which the above refe	•				
Pr	Property Owner Signature:	Date:	City Use Only: Fee Paid \$				
Αp	Applicant Signature:	Date:	Date Complete Application Received:				