

Date Received: _____
Application No: _____
Fee Paid: _____
Received by: _____



APPLICATION FOR REZONING
BRUCE TOWNSHIP, MACOMB COUNTY, MICHIGAN

APPLICANT'S NAME: _____
ADDRESS: _____ ZIP CODE: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____
DRIVERS LICENSE NUMBER: _____

If you are not the property owner, what is your relationship to him/her? (circle one)

Builder _____ Have Option to Purchase _____ Agent/Other _____

COMMON DESCRIPTION/ADDRESS OF PROPERTY AND PARCEL ID NUMBER: _____

PROPOSED USE OF PROPERTY: _____

LEGAL DESCRIPTION OF PROPERTY: (Attach separately)
WIDTH: _____ LENGTH: _____ SIZE (in acres): _____

EXISTING ZONING: _____ ZONING OF SURROUNDING PROPERTY: _____

PROPOSED ZONING: _____

LEGAL OWNER: _____
Name Address Phone

PETITIONER: _____
Name Address Phone

DESIGNER OF SITE PLAN _____
Name Address Phone

The applicant is required to submit a concept plan sketch, demonstrating the feasibility of developing the property for its intended use. The following information shall be required:

- Parcel size and shape.
- Size and general location of building(s) that may be located on site.
- Access to the size and arrangement of the parking area.
- Location and use of adjacent buildings.

Nineteen (19) copies of the application and feasibility sketch shall be submitted to the Planning & Zoning Department at least seven (7) days prior to the regular meeting of the Planning Commission. A digital copy of the plan is requested also. The Planning Commission will set a Public Hearing at that meeting for their next available meeting. The applicant or representative must be present at the Public Hearing. All plans must be folded when submitted. Also, attach one (1) copy of an affidavit of ownership, copy of deed or similar documentation.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Planning Commission/Township Board action/decision may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the decision that may be issued is with the understanding that all applicable sections of the Bruce Township Zoning Ordinance will be complied with. Further, I agree to notify the Building Official of Bruce Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials and staff of Bruce Township, Macomb County and the State of Michigan to enter the property for the purposes of inspection subject to this application. Also, I understand that this is a rezoning application (not a permit) and any action by the Planning Commission/Township Board conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Date: _____

Applicant's Signature

Applicant Name (please print)

Legal Owner's Signature (if not applicant)

Legal Owner's Name (please print)

_____ 19 copies of application

_____ 19 copies of site plan

_____ 1 digital copy of the site plan

_____ Copy of affidavit of ownership, copy of deed or similar documentation.

Bruce Township strongly encourages the purchase and/or review of the Bruce Township Zoning Ordinance 161. You can purchase a copy in our office for \$30, or \$5 for a digital copy. The ordinance is also available on our website at www.brucetwp.org.