CITY OF HAZEL PARK
REZONING APPLICATION

To apply to rezone one or more parcels (i.e., amend the Zoning Map), an applicant must complete this application form and submit it to the Hazel Park Building Department along with any necessary supporting documentation and the required fee of $510.00 payable to the City of Hazel Park. Applications will be considered by the Planning Commission who, following a public hearing, shall make a recommendation to the City Council regarding approval, conditional approval, or denial of the application. For more information, see Section 17.09.070 – *Ordinance Amendments and Rezonings,* of the Hazel Park Zoning Ordinance.

PROPERTY INFORMATION:

Address(es):_____**, Hazel Park, MI 48030**

Sidwell/Parcel ID #(s):_____

Current Zone(s):_____ **Proposed Zone(s):**_____

Current Use(s):_____ **Proposed Use(s):**_____

Is there another type of application currently active for this property? Yes ( ); or No ( )
- If yes, which type(s)? Special Land Use App. ( ); Site Plan Review ( ); or Variance App. ( )

Is this Application for a *Standard Rezoning* ( ); or a *Conditional Rezoning ( )?**
*If this is a *Conditional Rezoning*, as defined under Sec. 17.09.080 of the Zoning Ordinance, all conditions which the Applicant is voluntarily submitting must be included as an attachment to this Application.

APPLICANT INFORMATION:

The applicant is a person having a freehold interest in the subject property ( ); or is the designated agent of a person having a freehold interest in the subject property ( ). *The City of Hazel Park reserves the right to require the Applicant to provide copies of the agent designation document(s) to the City.*

Legal Name(s) of Property Owner(s):_____

Mailing Address:_____

Email Address:_____ **Phone #:**_____

The undersigned attests that the foregoing statements are true and correct to the best of the knowledge of the undersigned and that all necessary supporting documents have been included with this Application. If applying for a *Conditional Rezoning,* it is understood and affirmed by the undersigned that any such conditions are being submitted entirely voluntarily, do not exempt the Applicant from other requirements, and shall not be rescinded or made less restrictive without nullifying the application.

Signature of Applicant:_____ **Date:**_____

Printed Name of Applicant:_____

Signature of Property Owner (if different from Applicant):_____ **Date:**_____

Printed Name of Property Owner (if different from Applicant):_____

BELOW THIS LINE FOR CITY USE ONLY

PC Case #:_____ Fee: $510 Application Date:_____ Date of PC Mtg:_____
PC Recommendation:_____ City Council Determination:_____