

**PLANNING COMMISSION APPLICATION
SILVER CREEK TOWNSHIP**

P.O. BOX 464
DOWAGIAC, MICHIGAN 49047
PHONE (269) 424-3025
FAX (269) 424-3858

Rezoning Application

This application will not be accepted if incomplete.
All required materials must be submitted at least 45
Days prior to the next Planning Commission meeting.

Per Silver Creek Township Ordinance 155.275-

In considering a recommendation for an amendment to the zoning map, the Planning Commission shall consider:

- (a) All possible uses within the area requested to be re-zoned and not just those that the property owner requests;
 - (b) The purposes for which property in the immediate vicinity is zoned;
 - (c) The Master Plan;
 - (d) The character of the zoning district, its particular suitability for particular uses, and the general trend and character of building and population development; and
- The public services available and the public services needed for the zoned use and the proposed use.

For Office Use Only

Fee Rec'd _____
Hearing date _____

Legal Notice:
Published date: _____
Mailed to property owners: _____

Township Planning Commission:
Date: _____
Action: _____

Date sent to CPC: _____
County Planning Commission:
Date: _____
Action: _____

Township Board:
Date: _____
Action: _____

Notice of Adoption:
Date: _____

APPLICANT INFORMATION (If different than owner)

Name _____
Phone _____ Fax _____
Address _____ Email _____
City _____

OWNER INFORMATION

Name _____
Phone _____ Fax _____
Address _____ Email _____
City _____

PROPERTY INFORMATION

Address or Location _____

Permanent Parcel # _____

Zone District (Current) _____

Property Size _____

Directions & Landmarks _____

DESCRIPTION OF PROPOSED USE/REQUEST

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate. I hereby grant permission for members of the Silver Creek Township (Planning Commission) to enter the above-described property (or as described in the attached) for the purposes of gathering information related to this application.

Signature of Applicant

Date

DESCRIPTION OF PROPOSED USE/REQUEST

ACTION TAKEN BY PLANNING COMMISSION

Date: _____

____ Approved

____ Denied

As follows:

Chairman Nick Barnes

Mike Glynn (Trustee)

Jon Tidey

Debbie Brown

Tim Feirick

John Joossens

Veronnica Kenreich

Vote

Signature