

TEXT AMENDMENT CHECKLIST

Information required for an amendment in the Zoning Ordinance text:

A detailed statement of the proposed amendment, clearly and completely setting forth all proposed provisions and regulations including all changes in the zoning ordinance necessary to accommodate the proposed amendment

Name and address of petitioner

Reasons for the proposed amendment

NORTHFIELD TOWNSHIP ZONING AMENDMENT APPLICATION	
NAME:	
PROPERTY ADDRESS:	
Applicant Information:	Owner Information:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
If the applicant is not the property owner, then a statement from the owner MUST be attached authorizing the application.	
Proof of ownership OR Statement if applicant is not owner is attached. <input type="checkbox"/>	
If applicant is not the owner, describe applicant's interest in the property	
PROPERTY DESCRIPTION	
Legal Description: <input type="checkbox"/> Attached <input type="checkbox"/> On Site Plan	Parcel ID(s):
Reason for Proposed Zoning Amendment:	
Total Acreage of Site:	Sanitary Facilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Water: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well
Current Zoning Classification(s):	
<input type="checkbox"/> RC <input type="checkbox"/> AR <input type="checkbox"/> LR <input type="checkbox"/> SR1 <input type="checkbox"/> SR2 <input type="checkbox"/> MR <input type="checkbox"/> VC <input type="checkbox"/> LC <input type="checkbox"/> GC <input type="checkbox"/> ES <input type="checkbox"/> HC <input type="checkbox"/> GI <input type="checkbox"/> LI <input type="checkbox"/> Other	
Proposed Zoning Classification(s):	
<input type="checkbox"/> RC <input type="checkbox"/> AR <input type="checkbox"/> LR <input type="checkbox"/> SR1 <input type="checkbox"/> SR2 <input type="checkbox"/> MR <input type="checkbox"/> VC <input type="checkbox"/> LC <input type="checkbox"/> GC <input type="checkbox"/> ES <input type="checkbox"/> HC <input type="checkbox"/> GI <input type="checkbox"/> LI <input type="checkbox"/> Other _____	
General Description of Natural Resources on the Site (e.g. wetlands, woodlands, etc.)	

AUTHORIZED SIGNATURE

I hereby state that all of the above statements and all of the accompanying information are true and correct.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Received Date:

Planning Commission Received Date:

Planning Commission Action: Approved Date: _____ Denied Date: _____

Expiration Date: _____

Township Board Action: Approved Date: : _____ Denied Date: _____

Fee Received: Cash Check # _____