

Norman Township

1273 S. Seaman Road - P.O. Box 143 - Wellston, Michigan 49689

Phone: 231-848-4564

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NorZoning@outlook.com

Zoning Ordinance Text Amendment Application

Name _____

Project Site Address _____

Par.No. _____ Additional PN _____

APPLICANT INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

OWNER INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

NOTE: Additional property owner(s) and/or applicant(s) information (name, address, phone number, email, and signature) shall be attached to the application. In the case of partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified.

OFFICE USE ONLY

Related files _____

General Plan _____ Zoning _____

Application Fee \$ _____ Public Hearing / Mailing \$ _____

Total Fees Received \$ _____ Received by _____

Staff Notes:

I, _____, hereby file this application for a development project and agree to pay any and all processing fees imposed by Norman Township, or as they may be amended from time to time.

In the event the property owner is different from the applicant, the property owner must sign to indicate her/his/its consent to the filing and agreement to be liable with the applicant for the payment of processing fees.

In the event the township is required to take legal action to enforce any of the terms and conditions of this application, applicant and property owners agree to pay to township reasonable attorney fees and costs incurred in such action.

We, the owner and the applicant, will defend, indemnify, and hold the township, its agents, officers, and employees harmless from any claim, action or proceeding to attack, set aside, void or annul an approval of the township concerning the project, as long as the township promptly notifies the applicant of any such claim, action, or proceedings and the township cooperates fully in the defense. We have also reviewed the requirement to disclose the complete list of partners and/or shareholders.

Date: _____ Applicant's Signature: _____

Date: _____ Owner's Signature: _____

Date: _____ Owner's Signature: _____

PROCESSING FEES:

Zoning Ordinance Text Amendment - \$500 _____ Recpt# _____

Public Hearing Notice \$250 (No fee if regularly scheduled meeting) Recpt# _____

REQUIREMENTS FOR A COMPLETE Z.O.T.A. APPLICATION: The following list is not exhaustive, but some applications may require additional information. Consult with a planning staff member to determine whether additional materials are required for your project. Incomplete applications will not be accepted.

APPLICATION FORM – with all property owners signatures, including all parties holding a title interest.

WRITTEN STATEMENT – signed and dated, explaining the details and reasons for the Zoning Ordinance Text Amendment request, including the specific additions and deletions requested.