



# Application Form Planning Commission - Rezoning

Planning and Zoning Department  
52700 Van Dyke Ave, Shelby Twp, MI 48316  
(586) 726-7243  
planning@shelbytwp.org  
shelbytwp.org

<b>Office Use</b>			
Application No. _____	Review Fee _____	Engineering Fee _____	Tree Permit Fee _____
Date Received _____	Receipt No. _____	Receipt No. _____	Receipt No. _____

## Section I – Identification

### 1. Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Property Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 3. Project Contact Person (if different from applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 4. Project Designer/Developer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 5. Type of Review

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Site Plan                 | <input type="checkbox"/> PUD Preliminary        | Subdivisions:                                       |
| <input type="checkbox"/> Special Land Use          | <input type="checkbox"/> PUD Final              | <input type="checkbox"/> Tentative Preliminary Plat |
| <input type="checkbox"/> Class A Nonconforming Use | <input type="checkbox"/> Site Condo Preliminary | <input type="checkbox"/> Final Preliminary Plat     |
| <input type="checkbox"/> Rezoning                  | <input type="checkbox"/> Site Condo Final       | <input type="checkbox"/> Final Plat                 |

### The applicant must read the following statement carefully and sign below:

The undersigned requests that the Charter Township of Shelby review this application and related required documents and site plans as provided in Article 7.17 of the Zoning Ordinance. The applicant further affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers and statements contained in this application and enclosures are in all respects true and correct to the best of his, her, or their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other provisions of the Zoning Ordinance or other codes or statutes, and does not constitute the granting of a variance.
- That the applicant will comply with any and all conditions imposed in granting approval of this application.
- If also the owner, the applicant grants the Charter Township of Shelby staff and Planning Commission the right to access the property for the sole purpose of evaluating this request.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### If the applicant is not the property owner, the property owner must read and sign below:

The undersigned affirms and acknowledges that he, she, or they are the owner(s) of the property described in this application, and:

- Is/are aware of the contents of this application and related documents.
- Authorizes the applicant to submit this application and represent the undersigned in the matter being reviewed by the Charter Township of Shelby.
- Grants the Charter Township of Shelby staff and Planning Commission the right to access the subject property for the sole purpose of evaluating this request.

Property Owner Name \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_





# Applicant Information Form

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Office Use  
Application No. \_\_\_\_\_ Date Received \_\_\_\_\_ Copy of Driver's License Attached?  
 Yes  No

## Section I – Type of Application (The appropriate Application Form must accompany this form.)

- Site Plan
- Zoning Board of Appeals, Interpretation, Major Temporary Use
- Sign Permit
- Special Land Use
- Minor Temporary Use
- Condominium Subdivision
- Rezoning
- Tree Permit
- Planned Unit Development
- Class A Nonconforming Use
- Subdivision

## Section II – Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

*(A copy of both sides of the applicant's driver's license must be attached.)*

## Section III – Signature

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



# Affidavit of Ownership of Land

STATE OF MICHIGAN  
COUNTY OF MACOMB

I/We \_\_\_\_\_  
*Name(s)*

of \_\_\_\_\_  
*Address City State Zip Phone*

the \_\_\_\_\_ of \_\_\_\_\_  
*Title Name of Company*

being duly sworn, depose(s) and say(s) as follows:

1. The owner(s) of the property described on the attached

Warranty Deed

Land Contract

Other Document (Specify)

is/are as follows: \_\_\_\_\_  
*Name(s) Address*

\_\_\_\_\_  
*Name Address*

\_\_\_\_\_  
*Name Address*

This property is the subject of a \_\_\_\_\_  
*Type of Application*

2. I/We authorize \_\_\_\_\_  
*Name(s)*

the \_\_\_\_\_ of \_\_\_\_\_  
*Title(s) Name of Company*

of \_\_\_\_\_  
*Address City State Zip Phone*

to be my/our designated representative(s) in the processing of the application and to make representations and commitments on my/our behalf in connection with obtaining approval of my/our request.

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Title of property owner (if applicable)

\_\_\_\_\_  
(Print/type name of property owner)

Subscribed and sworn to before me on  
The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Notary Public

\_\_\_\_\_ County, Michigan

My commission expires \_\_\_\_\_