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PD NUMBER _____	RECEIVED BY _____
PROJECT NAME _____	DATE RECEIVED _____
PARCEL NUMBER(S) _____	

**WILLIAMSTOWN TOWNSHIP
APPLICATION TO AMEND THE ZONING ORDINANCE TO CREATE A PLANNED
DEVELOPMENT**

NOTICE TO APPLICANT: Applications for review of a proposed ZONING AMENDMENT TO CREA E A PLANNED DEVELOPMENT DISTRICT by the Planning Commission and Township Board must be submitted by noon, no later than 14 days prior to the Planning Commission meeting at which the proposal will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form), including 13 fully dimensioned, site plans, plus the required review fees. Regular meetings of the Planning Commission are held on the third Wednesday of each odd numbered month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the second Wednesday of the month, at 6:00 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston MI 48895. Phone number: (517) 655-3193. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request consideration of an amendment to the zoning Ordinance and Map of the Township of Williamstown to create a planned development district for the parcel(s) described below, and provide the following information to assist the review.

NAME OF APPLICANT

MAILING ADDRESS

TELEPHONE

INTEREST IN PROPERTY (if not owner)

PROPERTY OWNER(S) (if different than applicant):

NAME(S)

MAILING ADDRESS

TELEPHONE

APPLICATION FOR PLANNED DEVELOPMENT

LOCATION OF PROPERTY:

STREET ADDRESS

SIDWELL (PROPERTY ID) NO.

PROPERTY DESCRIPTION

NOTE: If property is part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat, (i.e., "acreage parcel") provide metes and bounds description. Attach separate sheet if necessary.

PROPERTY SIZE _____ **ACRES** _____ **SQUARE FEET**

ZONING:

APPLICANT'S PROPERTY _____

ADJACENT PROPERTIES: **NORTH** _____ **SOUTH** _____ **EAST** _____ **WEST** _____

PRESENT USE OF PROPERTY

RESIDENTIAL DEVELOPMENT:

TOTAL DWELLING UNITS PROPOSED _____

NUMBER OF SINGLE FAMILY DETACHED UNITS _____

NUMBER OF ATTACHED UNITS _____

NON-RESIDENTIAL DEVELOPMENT:

DESCRIPTION	LOT COVERAGE	USABLE FLOOR AREA
RETAIL	_____	_____
OFFICE	_____	_____
INDUSTRIAL	_____	_____
OTHER	_____	_____

PLANNED DEVELOPMENT ZONING JUSTIFICATION:

Please state the reasons why PD zoning is needed, and why the proposed development could not be developed using conventional zoning. (Attach additional sheets if necessary) _____

APPLICATION FOR PLANNED DEVELOPMENT

PLAN PREPARATION:

NAME	ADDRESS	TELEPHONE	PRIMARY DESIGN RESPONSIBILITY

PLEASE NOTE:

The applicant or a designated representative must be present at all scheduled review meetings and public hearings, or the proposed zoning amendment, and/or subsequent site plan review will be tabled due to a lack of representation.

If existing sewer facilities are available, an additional fee may be required by the Township and the City of Williamston. This should be verified before proceeding with site plan review.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPROVAL OF ZONING AMENDMENT APPLICATION AND/OR THE SUBSEQUENT SITE PLANS, OR TO REVOKE ANY PERMITS GRANTED SUBSEQUENT TO SITE PLAN APPROVAL.

APPLICANT'S ENDORSEMENT:

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and Township Board will not review my application unless all information required by this application and the Zoning Ordinance has been submitted.

Signature of Applicant(s) Date

Signature of Owner(s) Date

IF JOINTLY OWNED, SIGNATURES OF ALL OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED Date

PLANNING COMMISSION ACTION	DATE
TOWNSHIP BOARD ACTION	DATE
APPLICANT NOTIFIED OF DECISION	DATE
AUTHORIZED SIGNATURE	DATE