

**APPLICATION for REZONING
VILLAGE OF PORT SANILAC**

ALL FEES ARE FOR PROCESSING THE APPLICATION AND ARE NON-REFUNDABLE
FEE PAID _____ (YES OR NO) AMOUNT PAID \$ _____ RECEIPT ATTACHED _____

Property Zoned: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____
COMMERCIAL BUSINESS DISTRICT _____ AGRICULTURAL-RESIDENTIAL _____

Property Owners Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Number and street)

(City, State and Zip Code)

Telephone: Home _____ Cell _____

Email: _____

Contractors Name: _____

Address: _____
Address, City, State, Zip Code

Telephone: _____ Email: _____

Name, address and signature of every person, firm or corporation having interest in the land proposed for rezoning: _____

Location of Site (address) _____

Property Code (parcel) Number: _____

Reason rezoning requested _____

Size of Project: Length _____ Width _____ Height _____

Size of Property/Parcel: _____

Survey Property Markers have been identified: Yes _____ No _____
Note: If no markers are identified, a survey must be conducted for new permanent or additional projects.

Intended Use of Project: _____

Attach to each copy of this Application a detailed sketch identifying the land and structures involved, dimensions of buildings and distances to property lines. List all public and private rights of way and easements bounding and intersecting the land under construction.

Any changes to this rezoning application must be approved by the Zoning Administrator.

I agree to conform with the Village of Port Sanilac Zoning Ordinances and all provisions therein. I understand this Application shall expire one year from the approved date if no building has taken place and a new Rezoning Application must be applied for.

Signed: _____ Date _____
(Signature of Property Owner)

Printed Name of Property Owner: _____

AFFIDAVIT: I agree the statements made above are true and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulation is provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding that all applicable sections of the Village of Port Sanilac Zoning Ordinances will be complied with. Further, I agree to notify the Zoning Administrator of the Village of Port Sanilac for inspection before the state of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Village of Port Sanilac, Sanilac County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a RezoningApplication (not a permit) and that rezoning, if issued, conveys only land use rights and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____ Date: _____
(Signature of Property Owner)

Printed Name of Property Owner: _____

THIS SECTION TO BE COMPLETED BY VILLAGE OF PORT SANILAC

Application received by the Village on (date& time) _____

Fee of \$ _____ paid on (date) _____.

Received by Village Council Chairperson or Secretary on (date & time) _____

Public Hearing set for (date and time) _____

The Port Sanilac Planning Commission met on (date & time) _____
and approved _____ OR denied _____ the request for rezoning.
(A copy of the Planning Commission Action on Rezoning is attached.)

The Port Sanilac Village Council met on (date & time) _____ and took action to
approve _____ OR deny _____ the rezoning application.