

Request Number: _____
Filing Fee: _____



301 East Main Street
Lowell, MI 49331
Phone: (616) 897-8457
Fax: (616) 897-4085

**ZONING AMENDMENT FORM
CITY OF LOWELL
KENT COUNTY, MICHIGAN**

FILING INSTRUCTIONS AND SUMMARY OF PROCEDURES

A petition for a text or map amendment of the City of Lowell Zoning Ordinance must be completed on the application form provided and submitted with the appropriate fee to the Zoning Enforcement Officer. The petition will be reviewed by the Zoning Enforcement Officer for completeness and then submitted to the Planning Commission for consideration. The Planning Commission will hold a public hearing on a proposed zoning amendment as required by the Michigan Zoning Enabling Act.

The Planning Commission will then transmit the proposed amendment and its recommendation along with comments received at the public hearing to the City Council for a final decision.

Please fill out the appropriate form, according to whether petition is for a zoning map amendment or a zoning text amendment.

- **SECTION I. Zoning Map Amendment**
- **SECTION II. Zoning Text Amendment**

SECTION I. Zoning Map Amendment

- 1. Street Address and/or Location of Request: _____
- 2. Parcel Identification Number (Tax I.D. No.): # _____
- 3. Applicant's Name _____ Phone Number _____
Address _____
Street City State Zip
- Fax Number _____ Email Address _____

- 4. Are You: Property Owner Owner's Agent Contract Purchaser Option Holder
- 5. Applicant is being represented by: _____ Phone Number _____
Address _____

- 6. Present Zoning of Parcel _____ Present Use of Parcel _____
- 7. Master Plan Future Land Use Classification _____

- 8. Please use the lines below to state the request and the reason(s) for the request:
(attach additional pages as necessary)

- 9. For this application to be complete, the following information must be included:
 A map clearly illustrating the property to be considered for a zoning change, and the current zoning of all properties within ¼ mile, if applicable
 A legal description of the property to be considered for a rezoning, if applicable

The facts presented above are true and correct to the best of my knowledge.

Signature: _____ Date: _____
Type or Print Your Name Here: _____

SECTION II. Zoning Text Amendment

1. Applicant's Name : _____ Phone Number _____

Address _____

Fax Number: _____ Email address: _____

2. Applicant is being represented by: _____ Phone Number _____

Address: _____

3. I request consideration of the following change in text of the City of Lowell Zoning Ordinance:

The requested text change is:

- A change in wording to existing Section(s):
- An addition to Section(s):
- A deletion of wording at existing Section(s):

Below is the text requested to be changed, added or deleted: *(attach additional page(s) as necessary)*

Existing Section _____ Proposed Section _____

4. What is the intended effect of this request? *(attach additional page(s) as necessary)*

The facts presented above are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Type or Print Your Name Here: _____