



SPARTA TOWNSHIP

160 E. Division St, Sparta MI 49345
(616) 887-8863 Fax (616) 887-3823
www.spartatownship.org

PLANNING COMMISSION PROCEDURES AND DEADLINES FOR REZONING TO R-3, R-4, C, OR I DISTRICT

Deadline: The deadline to submit materials for a Planning Commission Meeting is by 5:00 p.m., 45 days prior to the next scheduled meeting date. The materials must be dropped off at the Sparta Township Office, 160 E. Division St., Sparta, MI 49345.

Meeting: The Planning Commission meets the second Tuesday of the month at 7:00 p.m. at the Sparta Township Hall meeting room.

Cost: Request Fee: \$900; Escrow¹: \$2,000

Submittal: Ten (10) identical packets must be submitted to the Township along with the fee by the deadline. They should be folded in 8 ½" by 11" sizes. The packets should contain any supporting documents such as proof of ownership, surveys, site plans, drawings, pictures, and narratives. An electronic copy (PDF) of the packet shall also be submitted. When the rezoning request reaches the Township Board, eight (8) additional packets and an updated electronic copy are required to be submitted to the Township, at least one week in advance of said meeting.

Please call the Township Hall with any questions. 616-887-8863

DO NOT DISCARD THIS PAGE. YOU MUST SUBMIT THIS PAGE WITH YOUR APPLICATION

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Applicant Name & Address: _____

Application Fee/Escrow _____ **Date Received** _____ **Date Notices Mailed** _____

Public Hearing Date _____ **Approved** ____ **or Denied** ____ **or Approved with Conditions** _____

¹ Escrow funds are used to reimburse planning, engineering, and legal fees incurred. If the fund drops below 10% of the deposit, an additional deposit will be required to continue. Any funds remaining will be refunded when the project is complete. Any approvals will be subject to requiring any outstanding funds due are paid in full.



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R-3, R-4, C, or I REZONING APPLICATION

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____ Email/Fax: _____

What is the Applicant's interest in making this application for rezoning?

What is the nature and effect of the proposed rezoning?

**Signature of Applicant

Date

**Signature of Property Owner

Date

MAP AMENDMENT

List the name, address and interest of every person who has a legal or equitable interest in any land to be rezoned (map amendment).

What is the current zoning of any property requested to be rezoned? _____

What is the proposed zoning of any property requested to be rezoned? _____

Parcel Number of property requested to be rezoned: _____

Provide a scaled map of the property, fully-dimensioned and correlated with the legal description, showing the following:

1. The land which would be affected by the proposed amendment;
2. If the land proposed for rezoning does not include the entire parcel or lot, the land and legal description of the portion of the parcel of the lot which is proposed for rezoning and the portion of the parcel of the lot which is not proposed for rezoning;
3. The present zoning of the land proposed for rezoning;
4. The present zoning of all abutting lands; and
5. All public and private rights-of-way and easements bounding and intersecting the land proposed for rezoning.

Attach the legal description of the property.

ADDITIONAL INFORMATION

Please provide proof of ownership. If ownership is pending a purchase agreement that is conditional to the Zoning Amendment request, please provide proof of said agreement.

In the instance there is an alleged error in the Ordinance which would be corrected by the proposed amendment, provide a detailed explanation of such alleged error and detailed reasons why the proposed amendment would correct the same:

State the changed or changing conditions in the area or in the Township that make the proposed amendment reasonably necessary to the promotion of the public health, safety and general welfare:

State all other circumstances, factors and reasons which the petitioner offers in support of the proposed amendment:
