

ST. CLAIR COUNTY METROPOLITAN PLANNING COMMISSION  
200 GRAND RIVER AVENUE - SUITE 202 - PORT HURON, MI 48060  
(810) 989-6950 phone - (810) 987-5931 fax  
[sccmpc@stclaircounty.org](mailto:sccmpc@stclaircounty.org)

**TOWNSHIP ZONING ORDINANCE AMENDMENT REFERRAL**

Please complete this form and send with all attachments to the St. Clair County Metropolitan Planning Commission for consideration. Information can be mailed, emailed or faxed to the address listed at the top of this form.

Township: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_

Planning Commission Chairperson: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*\***Please indicate the PARCEL ID# of the property**\*\*\* \_\_\_\_\_

**1. PLEASE CHOOSE ONE:**

Map Change \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**OR**

Text Amendment/Change \_\_\_\_\_

**2. PLEASE INCLUDE THE FOLLOWING:**

\*\*\***NOTE: The statutory review period by the SCCMPC is 30 days after ALL items are received**\*\*\*

**FOR ALL AMENDMENTS:**

- This form
- Parcel ID#
- Public hearing notice
- Minutes of the public hearing
- Minutes of your planning commission meeting where the recommendation was made
- Report from a township planner or consultant if one was used

**FOR A MAP AMENDMENT, in addition to above:**

Proposed amendment, maps, legal description, location, dimensions, and area of property, and surrounding zoning and uses

**FOR A TEXT AMENDMENT/CHANGE, in addition to above:**

Proposed amendment, general description of the amendment, and the specific language to be used

**3. TOWNSHIP PLANNING COMMISSION RECOMMENDATION:**

APPROVE: \_\_\_\_\_ DENY: \_\_\_\_\_ OTHER: \_\_\_\_\_

REASON: \_\_\_\_\_

OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**4. METROPOLITAN PLANNING COMMISSION RECOMMENDATION:**

APPROVE: \_\_\_\_\_ DENY: \_\_\_\_\_ OTHER: \_\_\_\_\_

REASON: \_\_\_\_\_

OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\***Metropolitan Planning Commission sends copy to township clerk and planning commission chair**\*\*\*

**5. TOWNSHIP BOARD DECISION:**

APPROVE: \_\_\_\_\_ DENY: \_\_\_\_\_ OTHER: \_\_\_\_\_

REASON: \_\_\_\_\_

OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\***Township clerk sends this original form back to the SCCMPC after action is taken by the board**\*\*\*

Office use only: SCCMPC#: \_\_\_\_\_

Date Received: \_\_\_\_\_