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: _______________