



# EAST BAY CHARTER TOWNSHIP

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1965 3 Mile Road, Traverse City, Michigan 49686  
(231) 947-8681 | <http://www.eastbaytwp.org/>

Director of Planning & Zoning: Claire Karner  
(231) 947-8681 ext. 2 | [ckarner@eastbaytwp.org](mailto:ckarner@eastbaytwp.org)

## Application for Rezoning or Text Amendment

### What type of amendment are you applying for?

Zoning Map Amendment (Rezoning)

Zoning Text Amendment

### 1. Applicant & Owner Information

Applicant/Authorized Agent's Name: \_\_\_\_\_

Is the applicant the owner of the property? Yes                      No

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Owner's Name (if different from the applicant): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2. Existing Property Information

Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Existing Use(s): \_\_\_\_\_

Current Zoning District(s): \_\_\_\_\_

Proposed Zoning District(s): \_\_\_\_\_

### **3. Rezoning Request Additional Information**

1. Describe the reason you are petitioning for the rezoning/why you believe the property(ies) should be rezoned.
2. Describe the natural features and characteristics of the property.
3. Describe your assessment of the impact the rezoning could have on the surrounding properties in terms of light, noise, vibrations, or property values.
4. State any existing deed restrictions on the subject property(ies). If deed restrictions apply, please provide documentation as an attachment. Explain how existing deed restrictions would affect the use of the property if rezoned.

### **4. Text Amendment Request Additional Information**

1. In what section of the Zoning Ordinance is the proposed text amendment?

2. Please provide the proposed text amendment.

**5. Affidavit**

The undersigned affirms that he/she is the \_\_\_\_\_ involved in this petition and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. By making this application, the undersigned grants all officials, staff and consultants of East Bay Township access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Sign Permit and Zoning Ordinance compliance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Township Use Only***

The proposed use is permitted by East Bay Township, as amended.			
The proposed use was approved by the Zoning Board of Appeals.			
ZBA Application #		ZBA Date:	
LUP Application #		Filing Date:	
Related SUP #		Fee Tendered:	
Escrow #			