

Village of Cass City
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 Office Hours 8:00am to 4:30pm M-F

INTERNAL USE ONLY
 Date Received: _____ Receipt #: _____
 Received By: _____
 Text Amendment Fee: \$ _____
 Rezoning Fee: \$ _____
 Method of Payment: _____

Any change to the Cass City Zoning Ordinance or Zoning Map must be reviewed and approved by the Village Council, with a formal recommendation of action from the Planning Commission. When reviewing proposed changes, local officials will consider, at minimum, the vision of the Master Plan, changes in local conditions since the last ordinance update, inaccuracies or inequities in the current ordinance language, whether a proposed change will grant special privileges, or result in unlawful exclusionary zoning.

PETITION MUST BE COMPLETE - INCOMPLETE PETITION MAY BE RETURNED

1. PETITIONER INFORMATION

Applicant Name:		Address:	
City/Village:	Twp:	County:	Zip Code:
Home Phone:	Work Phone:		Fax:

2. PETITION REQUEST

Text Amendment (proceed to item 3) Property Rezoning (proceed to item 4)

3. TEXT AMENDMENT

Ordinance Article and Section to be Amended	Article:	Section:
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Proposed wording of amendment (include below or as an attachment):

4. REZONING REQUEST

Parcel Address:		Property Code:	
City/Village:	Township:	County:	Zip Code:
Between:	And:		
Current Zoning District Classification:	Current Land Use:		
Proposed Zoning District Classification:	Proposed Land Use:		

With this petition, attach a preliminary concept plan showing the subject lot or parcel and the intended layout of the proposal. The concept plan is required to be drawn to scale and shall become part of this petition.

6. JUSTIFICATION

The petitioner believes that the requested amendment/rezoning is proper because of the following conditions or error in the ordinance, which makes the change reasonably necessary (include below or as an attachment):

6. PETITIONER SIGNATURE

By signing this form, the petitioner acknowledges the formal request to petition the Village of Cass City for a Zoning Ordinance and/or Zoning Map amendment.

Signature: _____ Driver's License #: _____ Date: _____