

CITY OF BATTLE CREEK

COMMUNITY SERVICES DEPARTMENT - PLANNING AND ZONING

Rezoning Application

_____ **Straight Rezoning**
(to new zoning district)

_____ **Conditional Rezoning**
(to allow specific use/development)

Petition No. _____

Date Received: _____

APPLICANT

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

OWNER (if different from Applicant)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

**** If the applicant is not the property owner, a letter signed by the owner agreeing to the rezoning must be included with the application.**

EXISTING CONDITIONS

Address(es) of property for which the request is being sought: _____

Current use of the property: _____

List existing structures on the property, size, and the approximate age of each: _____

Has the property involved ever been the subject of a previous application? If yes, please list each one and the date the request came before the Planning Commission: _____

FOR STRAIGHT REZONING REQUESTS ONLY:

Current zoning of the property: _____

Requested zoning district: _____

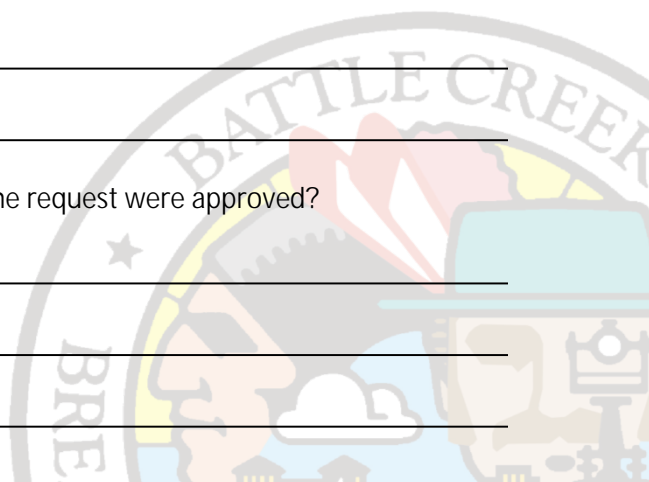
Describe land uses surrounding the subject property and those in the vicinity: _____

Would the rezoning place excess demands on public resources including roads, utilities, public safety, etc.?

FOR CONDITIONAL REZONING REQUESTS ONLY (please attach extra pages if necessary):

What is the proposed use of the property that warrants the request? Provide specific details as to the use including square footage of each uses proposed for the property: _____

Please list all activities that will take place on the property if the request were approved?



How many employees currently work on the property? How many will be added if the request is approved, and what days/times will they be onsite? _____

Will the approval of the proposed use necessitate changes to the property, i.e., building construction, additional parking, landscaping, driveways, fencing? If yes, please provide a list of property improvements that will be associated with the development and attach a site plan/building elevations showing existing and proposed improvements. What is the cost of investment proposed if the development were approved?

What are the proposed hours of operation? Please indicate if the proposed use will be temporary, seasonal, or long-term in nature, providing dates and timeframes if applicable: _____

Explain the basis for which you feel this application should be approved: _____

SUBMITTAL REQUIREMENTS

Each request requires the following items to be submitted along with the completed application; incomplete applications will not be forwarded to the Planning Commission.

1. **Payment of a non-refundable \$600.00 filing fee, made payable to the City of Battle Creek.**
2. **An affidavit authorizing an applicant to act on behalf of the owner if the petitioner is not the owner.**
3. **Legal description of subject property and a list of all deed restrictions.**
4. **Property Site Plan, if site changes are proposed.**
5. **Building Elevations, if building elevation improvements are proposed.**

APPLICANT SIGNATURE

By signing this application, the applicant hereby declares that all answers given herein are true to the best of their knowledge, and confirms that all information required for submission of a rezoning application have been submitted. Furthermore, the applicant understands that any approval is based upon the contents of

the submitted application and any future proposed change must be reviewed with the Planning Department and may be subject to approval of a revision of the rezoning by the Planning Commission and City Commission.

(Signature of the Applicant)

(Printed Name of the Applicant)

(Date)

