



CITY OF BERKLEY COMMUNITY DEVELOPMENT

3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

APPLICATION FOR AMENDMENT TO THE ZONING MAP (REZONING)

NOTICE TO APPLICANT: Applications to amend the Zoning Map must be submitted to the City of Berkley Community Development Department in ***substantially complete*** form at least 30 days prior to the Planning Commission meeting, at which the proposal will be considered. Petitions for rezoning of a specific site shall be accompanied by a plot plan or survey of the property.

The Planning Commission will hold the required *public hearing* and will make a recommendation to the City Council. Amendments to the Zoning Map (Rezoning) shall be granted by the City Council.

The Planning Commission meets the fourth Tuesday of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072. The City Council meets the first and third Monday of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request Site Plan Review and provide the following information to assist in the review:

Project Name: _____

Applicant: _____

Mailing Address: _____

Telephone: _____

Email: _____

Property Owner(s), if different from Applicant: _____

Mailing Address: _____

Telephone: _____

Email: _____

Applicant's Legal Interest in Property: _____

LOCATION OF PROPERTY:

Street Address: _____

Nearest Cross Streets: _____

Sidwell Number(s): _____

PROPERTY DESCRIPTION:

Provide lot numbers and subdivision: _____

Property Size (Square Feet): _____ (Acres): _____

Property Legal Description: _____

EXISTING ZONING DISTRICT *(please check):*

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> R-1AB | <input type="checkbox"/> Community Centerpiece | <input type="checkbox"/> Residential Corridor |
| <input type="checkbox"/> R-1CD | <input type="checkbox"/> Downtown | <input type="checkbox"/> Woodward Corridor |
| <input type="checkbox"/> R-2 | <input type="checkbox"/> Flex | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> R-M | <input type="checkbox"/> Gateway Corridor | <input type="checkbox"/> Parking Overlay |
| <input type="checkbox"/> R-M-H | | |

Street Type:

- | | | | |
|-----------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Corridor | <input type="checkbox"/> Downtown | <input type="checkbox"/> Walkable Area | <input type="checkbox"/> Residential |
|-----------------------------------|-----------------------------------|--|--------------------------------------|

Requested Zoning for Property: _____

Present Use of Property: _____

Proposed Use of Property: _____

Is the property located within the Downtown Development District? ☐ Yes ☐ No

PROJECT DESCRIPTION:

Does the proposed project / use of property require site plan approval? ☐ Yes ☐ No

Does the proposed project require variance(s) from the Zoning Board of Appeals? ☐ Yes ☐ No

If yes, describe the variances that will be required: _____

JUSTIFICATION FOR PROPOSED REZONING

Please complete the following questions with as much detail as possible so as to evaluate the rezoning proposal (attach additional sheets, if needed):

1. Is the proposed rezoning consistent with the Berkley Master Plan and the Future Land Use Map?

2. Is the proposed rezoning consistent with the zoning classification of surrounding parcels?

3. Are the site's physical or environmental features suitable for the range of uses permitted in the requested zoning district?

4. Would the uses permitted in the proposed zoning district be compatible with surrounding uses and zoning, in terms of views, noise, air quality, traffic, density, the environment, drainage, and land values?

5. Does the public infrastructure (roads, water and sewer system) have capacity to accommodate the uses permitted in the proposed zoning district?

6. Provide any additional information that should be considered with your application and request:

PROFESSIONALS WHO PREPARED PLANS:

A. Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Design Responsibility (engineer, surveyor, architect, etc.): _____

B. Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Design Responsibility: _____

SUBMIT THE FOLLOWING:

1. A pdf file of the plans and any supporting documents, emailed to Planning@berkleymi.gov
2. Proof of property ownership (title insurance policy or registered deed with County stamp).

PLEASE NOTE: The applicant, or a designated representative, **MUST BE PRESENT** at all scheduled meetings, or the request may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of the map amendment application.

We encourage applicants to make a presentation of the proposed project to the Planning Commission and City Council, as appropriate. To assist in this effort, we have available for your use at meetings a projector, laptop computer and screen. This will allow the Planning Commission, City Council and audience to give your project the attention it deserves. Planning Commission and City Council meetings are recorded and televised.

PROPERTY OWNER'S APPROVAL: *(Initial each line)*

_____ I hereby authorize and give permission for the City of Berkley to install one or more temporary signs on my property, in order to notify the public of the requested public hearing related to the zoning map amendment (rezoning) request.

_____ I hereby authorize employees and representatives of the City of Berkley to enter upon and conduct an inspection and investigation of the above referenced property in relation to the above request.

APPLICANT'S ENDORSEMENT: *(Initial each line)*

_____ All information contained therein is true and accurate to the best of my knowledge.

_____ I acknowledge that the Planning Commission and City Council will not review my application unless all information in this application has been submitted.

_____ I acknowledge that the City and its employees or appointed or elected officials shall not be held liable for any claims that may arise as a result of acceptance, processing or approval of this application.

If an application is withdrawn more than three (3) weeks prior to the meeting date, 90% of the fee will be refunded. If the application is withdrawn less than three (3) weeks prior to the meeting, no refund will be given.

Signature of Applicant

Date

Applicant Name (Print)

Signature of Applicant

Date

Applicant Name (Print)

Signature of Property Owner Authorizing this Application

Date

Property Owner Name (Print)

OFFICE USE ONLY

Received _____ Receipt # _____ Meeting Date _____ Case # _____

Fee: \$750