

**Village of Saranac
27 N Bridge St
PO Box 312
Saranac MI 48881**

VILLAGE OF SARANAC ZONING AMENDMENT APPLICATION (page 1)

This application must be completed in full and approved by the Village of Saranac Council after review, public hearing and recommendation by the Planning Commission as regulated by the Village of Saranac Zoning Ordinance and the Michigan Zoning Enabling Act 110 or 2006.

Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Property Owner Information (if different from applicant)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

(Attach separate pages if additional owners)

Check Which Type of Proposed Amendment

___ Zoning Map Amendment (rezone to different district)

___ Conditional Zoning Map Amendment (rezone to different district with a specific proposed use)

___ Zoning Text Amendment (amend current words with new language)

(Skip to page 3 for text amendment)

For Zoning Map Amendment, fill out information below:

Property Information

Parcel Tax ID Number (s) _____

VILLAGE OF SARANAC ZONING AMENDMENT APPLICATION (page 2)

Address (es) of property(s) proposed to be rezoned

Proposed Rezoning Change and Details:

Current Zoning District (s) _____

Current use _____

Proposed Zoning District (s) _____

Proposed Use _____

Reason and Details:

Attach legal description (s) of proposed parcel(s) requested to be rezoned

Attach scaled map(s) of proposed parcels(s) requested to be rezoned

Attach separate pages for any additional parcels requested to be rezoned if needed

For conditional rezoning, add site plan with proposed use details

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Proposed Text Change and Details:

List section numbers of zoning ordinance proposed to be amended:

If not a specific section, list type of language to add to zoning ordinance:

If proposing specific exact language, list here or on separate paper:

Reason for proposed amendments:

(Note that the Planning Commission may write the language or modify specific language)

Affidavit

I certify and affirm that I am the property owner(s) or the owner's authorized agent(s) and that I agree to conform to applicable zoning laws of the Village of Saranac. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location (for map amendments). I understand that if my request is granted, other ordinance requirements may be applicable.

Signature(s)

Date _____

Attach separate sheet if additional signatures

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Administrative Use

Fee paid _____ Date received _____

Date of Hearing _____ Date Published _____ Date 300' Notices sent _____

Date Posted at Village Office _____

Village of Saranac Planning Commission Recommendation:

Village Council Adoption or Denial:

Map Amendments Approved _____

Map Amendments Denied _____

Date _____

Reasons

Text Amendments Approved _____

Text Amendments Denied _____

Date _____

Reasons
