City of Ishpeming Petition for Amending the Zoning Ordinance

From:	
	For Official Use Only: Date Received:
(petitioner)	Effective Date: Fee Received: Receipt #:
(address)	Hearing Date: ☐ Ishpeming Planning Commission: Action:
(city, state, zip code)	Date: □ Ishpeming City Council: Action:
(telephone: home and business)	Date:

ACTION REQUESTED:

The petitioner requests Ishpeming improve the following petition for a zoning amendment. This petition is for a text amendment "A" or a change to the zoning map "B" or both.

- Fill out pages 1, 2, and 4 of this application for A (text amendment).
- Fill out only pages 1, 3, and 4 for B (changing the zoning map).
- Fill out pages 1, 2, 3 and 4 for both.
- If this is a multiple request, duplicate page 2 or 3, as many times as necessary, so one copy is used for each requested change.

A.	Zoning Text Change
B.	Zoning Map Change
A&B.	Both Zoning Text & Map Change

NOTE: The amendment may be adopted as proposed, further revised or not adopted.

A.	Text amendment: Use another copy of this page for each different section being nominated for a text change.
The ch	equest is to change the text of section (§)nange is shown below, using underlining or bold face, <u>like</u> this, to show new text, and strike out, like o show words to be deleted:
1	
-4	
+H	
++	□ attached, additional sheets if necessary
	attached, additional sheets in necessary
Why, v	what is the purpose of the proposed zoning text change:
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This request is to rezone land from: to: PROPERTY INFORMATION:
Legal description of land to be rezoned:
□ attached, additional sheets if necessary.
□ attach copy of map showing proposed change.
Property size:
Parcel Identification # (PID):
Address(es) of the property (If new construction, an address will not be known yet. An address is obtained after a zoning permit is issued.):
after a zoning permit is issued.):
□ attached, additional sheets if necessary.
Attach or list all dood restrictions for the property of guestions
Attach or list all deed restrictions for the property at question:
The second secon
The second of th
□ attached, additional sheets as necessary.
List names and address of all other persons, firms, or corporations having a legal or equitable interest in the property at question:
□ attached additional shoots as necessary
□ attached, additional sheets as necessary.
This area is: □ Platted □ Unplatted □ Will Be Platted
If platted, name of plat:
What is the present use of the property:

STATEMENT TO JUSTIFY THE PROPO	OSED AMENDMENT:			
State specifically the reason for the proposed amendment at this time: Will the zoning amendment conform with the City of Ishpeming Master Plan? Explain how:				
Attached, more data.	ndment anticipated to be on all landowners in the zoning district			
WHAT ARE THE NUMBER OF ATTACH List and describe them: 1. 2. 3. 4. 5. (add more lines if neede	6			
The undersigned affirms that s/he is the that the answers and statements contain	agent representing the applicant requesting the zoning change and ned here are true.			
Upon completion send two (2) copies to):			
City of Ishpeming Planning Commission Ishpeming City Hall 100 E. Division St.				

Ishpeming, MI 49849