

**ASHLAND TOWNSHIP**  
**Newaygo County, Michigan**

See page 2 for mailing instructions and other communications information.

**REQUEST FOR CONDITIONAL RE-ZONING**  
**An application to submit an Affidavit of Conditions to Re-Zone a parcel.**

**Important Notice to Applicants:** *A minimum of 2 copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. The application must be completed in full. If additional space is needed, number and attach additional sheets.*

Name                      Street Address                      City/State/Zip Code                      Telephone #

**1) APPLICANT** \_\_\_\_\_

Other numbers: Land Line: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**2) LANDOWNER** \_\_\_\_\_  
 (if different than applicant)

**3) APPLICANT'S INTEREST IN PROPERTY** (check one);  Owner  Lessee  Buy Option  
 Other/Specify: \_\_\_\_\_

**4) PROPERTY INFO:**  
 Street Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_  
 Deed Restrictions on Property (Check one):  Yes  No Acreage: \_\_\_\_\_

Is Property in a (check if "yes"):  platted or  condominium subdivision? Subd. Name: \_\_\_\_\_

Present use: \_\_\_\_\_

**5) ACTIVITY/STRUCTURE FOR WHICH CONDITIONAL RE-ZONING IS BEING SOUGHT:** (check all that apply)

	CURRENT ZONING DISTRICT <u>Existing</u>	REQUESTED CONDITIONAL DISTRICT <u>New</u>	<u>Additional/Alteration</u>
R-1 Rural Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R-2 River Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R-3 Lake Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1 General Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-1 Light Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 General Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 SUPPORTING DOCUMENTS:** The following must accompany each copy of this application form. Each supporting document must include the name and address of the applicant.

- A. Narrative Description: A detailed narrative description of the proposed activity or construction including what is to be constructed and for what purpose, the nature of any repairs or alterations to existing structures, the number of employees, retail sales floor area (if any), basis for number of parking spaces proposed, manner of sewage/refuse disposal, nature of services to be provided, nature of products for sale or manufacture, etc. that would be involved in the conditions of re-zoning.
- B. Plan/Statement of Analysis: Plan and supporting information (including a legal description) is required. A statement of analysis must also be included addressing the anticipated impact upon community facilities (such as schools and infrastructure), the anticipated new traffic generation (if any) and anticipated impact upon neighboring land uses and streets.
- C. Proof of Property Ownership/Interest/Other Party Information: Proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property, and the names, addresses, phone numbers of all other

persons or entities having legal or equitable interest in the property including written authorization by the landowner for a person to act on behalf of the landowners (if applicable).

D. Deed Restrictions: Copy of any existing and proposed deed restrictions on the property.

E. Utilities/Access: Permits/evidence demonstrating municipal approval of water supply and sewage disposal system, and any State Highway or County Road Commission approval for new driveways or curb cuts made necessary by the proposed use.

7. **AFFIDAVIT**: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Affidavit of Conditions to Re-Zone applied for, if granted, is issued on the representations made herein and that any Conditions to Re-Zone, Zoning Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned authorize the Zoning Administrator, Building Official, Inspectors, Township Officials, Health Department, and any other person authorized by the Zoning Administrator to enter onto the property, enter any structure on the property without notice for the purpose of conducting inspections for compliance. Failure by the undersigned to permit such inspections shall result in the Conditions to Re-Zone, Zoning Permit or Building Permit being denied, or immediate termination of the Conditions of Re-Zone Zoning Permit or Building Permit that has been issued.

I (we) the undersigned understand that the Township after reviewing the Request for Conditional Re-Zoning application will produce an "Affidavit of Conditions of Re-Zoning". I (we) understand that such document must be signed and returned to the Zoning Administrator prior to any public hearing being scheduled.

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Applicant Signature(s)      Date

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Property Owner's(s) Signature(s)      Date  
(if different than applicant)

**MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES**

This application must be returned with a payment (check) for all applicable fees to the following address:

Terry Harrison  
Zoning Administrator, Ashland Township  
P.O. Box 457, Grant, MI 49327-0457

Telephone: 231-834-7535      Fax: 231-834-0446

*Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Ashland Township".*

**SPACE FOR TOWNSHIP USE ONLY**

**Application Number:** \_\_\_\_\_ **Tax Parcel #:** \_\_\_\_\_

**Date(s) Received:** \_\_\_\_\_

<b>Fees Paid:</b>	<b>Date</b>	<b>Amount</b>	<b>Check #</b>	<b>Receipt #</b>

**Actions Taken:**

<b>Date:</b>	<b>Action Taken by</b>	<b>(approved, denied, approved w/conditions, tabled, etc)</b>

**OTHER COMMENTS:**