

CHARTER TOWNSHIP OF OSCODA
110 S. State Street, Oscoda MI 48750 Phone 989-739-9019

Ord. # _____

Fee: \$ 350.00

Received:

Rezoning Application

Rezone from the _____ District to the _____ District

Property Address: _____

Property Owner:

Name: _____

Address: _____

Phone: _____

Applicant (if not owner):

Name: _____

Address: _____

Phone: _____

Position: _____

Property Description:

Parcel No. _____

Size: _____

Legal Description: _____

Nearest Cross Streets: _____ and _____

Existing Zoning: _____

Existing Use(s): _____

Proposed Zoning: _____

Proposed Use(s): _____

Read Carefully: I am the owner of the property included in this application or am officially acting on the owners' behalf. I hereby attest that the information on this application form, the site plan and other attachment(s) is, to the best of my knowledge, true and accurate.

I hereby grant permission to the Township Staff and/or any appropriate Township Official to access this property to review the accuracy of the information submitted. **Yes** **No**

Applicant's Signature

Date

Property Address: _____

Please explain your rationale for requesting the proposed rezoning by answering the questions below. Please type or write legibly; add additional sheets as necessary.

1. Is this proposed rezoning consistent with the current Oscoda Township Master Plan?

YES _____ NO _____

If "No", state why the Planning Commission should consider amending the comprehensive plan.

2. What will be the effect or benefit of the proposed rezoning and how will the immediate area be impacted?

3. Do you contend an error was made when the present zoning was established?

YES _____ NO _____

If "Yes", what is the error and how would it be corrected by the proposed rezoning?

4. What changed or changing condition or character of the area make the passage of this zoning amendment desirable?

5. Describe any other circumstances or reasons that may justify passage of the requested zoning amendment.

For official use:

Property Address: _____ Ord. #: _____

Application Submitted: _____ Accepted as Complete: _____

Date of Public Hearing: _____ Materials to Commission: _____

Publication Date: _____ Public Notices Mailed: _____

Planning Commission Recommendation: Approval _____
 Denial _____ Date

Letter Sent to Applicant: _____
Zoning Administrator _____ Date

Referral to County: _____ Date 30-Day Period: _____ Date

Referral to Board: _____ Date Board Meeting: _____
(Introduction) _____ Date

Board Meeting: _____
(Action) _____ Date

Optional:

Date of Public Hearing: _____ Materials to Board: _____

Publication Date: _____ Public Notices Mailed: _____

Township Board Final Action: Approval _____
 Denial _____ Date

Publication Date: _____ Effective Date: _____

Letter Sent to Applicant: _____
Zoning Administrator _____ Date

Notice Sent to Assessor: _____
Zoning Administrator _____ Date