

City of Dearborn, Planning Division
Dearborn Administrative Center
16901 Michigan Avenue, Suite 13
Dearborn, MI 48126-2967
www.cityofdearborn.org
Phone: (313) 943-2170, Fax: (313) 943-2776

Petition for Rezoning (Zoning)

TO THE CITY COUNCIL AND PLANNING COMMISSION OF THE CITY OF DEARBORN, WAYNE COUNTY, MICHIGAN: I (We) the undersigned, do hereby make application to and petition the City Council and Planning Commission to amend the Zoning Ordinance and change the Zoning Map of the City of Dearborn for the property herein described and in support of this application the facts below are shown.

- _____ **REFER TO SUBMISSION DETAILS.**
- _____ **PROOF OF OWNERSHIP REQUIRED (The only accepted documents are: deeds, property transfer affidavits, title commitments, land contracts, or building leases).**
- _____ **2 SETS OF 24"X36" PLOT PLAN OR SURVEY PLUS 1 DIGITAL PLOT PLAN OR SURVEY REQUIRED and must satisfy the requirements as set forth in Zoning Ordinance 32.06(B).**
- _____ **PROOF ALL TAXES AND MUNICIPAL BILLS (WATER, SEWER, ETC.) ARE PAID.**
- _____ **PROOF ALL FEES ARE PAID. (NO REFUNDS)**

PLEASE NOTE: All plans must be stapled and folded to page size (approximately (9" x 12")) in order to be accepted for processing. Multiple sheets must be stapled in order of the sheet numbering and folded to page size (9" x 12"). In addition, 1 digital or 11" x 17" copy of plans must be submitted. The Property Owner hereby authorizes City of Dearborn staff and Planning Commission members to enter upon the property for fact-finding purposes.

APPLICANT INFORMATION:

Name: _____ Address: _____
City/State: _____ Zip Code: _____
e-Mail: _____ Phone: _____

CURRENT PROPERTY OWNER:

Name: _____ Address: _____
City/State: _____ Zip Code: _____
e-Mail: _____ Phone: _____

PROJECT OWNER (if other than the Current Property Owner):

Name: _____ Address: _____
City/State: _____ Zip Code: _____
e-Mail: _____ Phone: _____

SITE CHARACTERISTICS

1. It is requested that the property be rezoned:
FROM: _____ classification
TO: _____ classification
The proposed use of the property: _____
2. Location of the property:
Address/Location: _____
(a) Is part of a recorded plat, Lot(s) # _____
Subdivision: _____
Sidwell # _____
(b) Not a recorded plat, Sidwell # _____
(c) Total Acreage _____

THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Applicant Signature: _____ Date: _____
Current Property Owner Signature*: _____ Date: _____
Project Owner Signature: _____ Date: _____

(Office use only)
CASE NO.: _____ DATE: _____ RECEIVED BY: _____

*Notarized signature required if different from Project Owner

Submission Details

Petitions for rezoning of a specific site shall be accompanied by a plot plan or survey, which shall contain the following information:

1. Applicant's name, address, telephone number, statement of ownership, and copy of deed, option, land contract or similar document.
2. Scale, north point, and dates of submission and revisions.
3. Zoning classification of petitioner's parcel and all abutting parcels.
4. Existing lot lines, building lines, structures, parking areas, driveways, and other improvements on the site and within 100 feet of the site.
5. Dimensions, centerlines, and right-of-ways widths of all abutting streets and alleys.
6. Location of existing drainage courses, floodplains, lakes, streams, woodlots, and large trees greater than 8" in diameter.
7. All existing and proposed easements.
8. Location of sanitary sewer systems, existing and proposed.
9. Location and size of water mains and building service leads, existing and proposed.