



Applicant Checklist for Rezoning Requests

RZ-1/5

1. The rezoning request application package is available from the Community Planning and Development Department. The application shall be completed in full with the appropriate fee to this office. The office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday
2. The application package consists of one (1) applicant checklist, one (1) application form, and one (1) review guidelines form.
3. Any public agency or interested person may make a written request to the Planning Commission for an amendment to the text or map of the Zoning Ordinance.
4. Applications for a zoning change shall be submitted to the Community Planning and Development Department. The application shall be accompanied by the payment of a fee.
5. It is the applicant's responsibility to ensure that the application is complete. An incomplete application may require additional review time.
6. The application will be forwarded to the Planning Commission for a public hearing.
7. Planning Commission meetings are held the first Thursday of every month, beginning in the City Commission Chambers at 7:00 p.m.
8. As a general rule, the application must be received by the Community Planning and Development Department **at least** four (4) weeks prior to the Planning Commission meeting.
9. A notice of the public hearing must be published not less than fifteen (15) days before the public hearing.
10. The applicant will receive a notice of the public hearing in the mail, and you are expected to attend the meeting.
11. The Planning Commission, as a fact finding body, will make a recommendation on the proposed rezoning to the City Commission.
12. The City Commission will have a first reading of the proposed rezoning at a regular City Commission meeting.
13. At least fourteen (14) days after the first reading, the City Commission will hold a public hearing on the request.
14. Based upon the Planning Commission's recommendation and the input received at the public hearing, the City Commission will approve, deny, or modify the rezoning request.
15. It is the applicant's responsibility to review the appropriate sections of the Zoning Ordinance, including Chapter XIV.

If you have any questions on completing this application, please call the Community Planning and Development Department at (269) 337-8044.



Application to Amend the Zoning Ordinance or Map

Fully completed application, fee, and all related documents must be returned to the Community Planning and Development Department **at least four (4) weeks prior** to the Planning Commission Meeting.

Please Include the \$ Fee

RZ-2/5

*****Return to the Community Planning and Development Department,
415 Stockbridge Avenue, Kalamazoo, MI 49001*****

A. Applicant Information

Name of Applicant _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

[If the applicant is not the property owner, a letter signed by the owner agreeing to the rezoning must be included with the application]

Owner of Parcel [if different than applicant] _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Provide names and addresses of any other person having a legal or equitable interest in the property

B. Property Information

Street or Street Address _____

This property is located between _____ street
and _____ street, on the

north south east west side of the street.

Number of acres _____

Legal Description of the property [may be on a separate sheet attached to this application] _____

C. Present zoning classification

Proposed zoning classification or text change _____

D. Purpose of Request [describe briefly the nature of your request]

E. Attachments [2 copies]

Parcel Map [showing existing and proposed zoning] OR Proposed text wording

[The above shall consist of a fully dimensioned map of the property, including all public and private rights-of-way and easements bounding and intersecting the land under consideration.]

This application shall be completed in full and accompanied by all supporting data and the application fee before it will be accepted by the City of Kalamazoo.

Signature of Applicant _____ Date _____

Signature of Owner (if different than applicant) _____ Date _____



Review Guidelines for Zoning Map And Ordinance Text Changes

RZ-3/5

A. Zoning Map Changes

The overall consideration is whether the rezoning request is reasonable under the existing circumstances.

When considering rezonings, the Commission will review such applications in terms of their meeting the following considerations:

1. That a mistake was made originally when the property was zoned to the present district;
2. That conditions have changed in the area generally, or the city as a whole, which would justify the rezoning;
3. There is convincing demonstration that all uses permitted under the proposed district would be in the general public's interest and not merely in the interest of an individual or small group;
4. There is convincing demonstration that all uses permitted under the proposed district would be appropriate in the area included in the proposed change;
5. There is convincing demonstration that the character of the area or neighborhood will not be adversely affected by any use permitted in the proposed district change;
6. The proposed change is in accord with city's Comprehensive Plan and sound planning principles;
7. The proposed zoning change is consistent with the zoning plans of adjacent governmental units;
8. Other reasons the Commission may find pertinent in considering the particular zone change.

B. Zoning Text Changes

Not all zoning changes involve map changes. In some instances, adding a permitted or special land use or revising the zoning district standards may be a better alternative. This is true particularly when the issue in question appears to reflect an oversight or technical deficiency in the construction or wording of the ordinance.

When considering text changes, the Commission will review such applications in terms of their meeting the following considerations:

1. That a mistake was made originally when the ordinance was drafted;
 2. That conditions have changes which would justify the text changes;
 3. There is convincing evidence that the text change would be in the general public's interest and not merely in the interest of an individual or small group;
 4. The proposed change is in accord with the city's Comprehensive Plan and sound planning principles;
 5. Other reasons the Commission may find pertinent in considering the particular text change.
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Zoning Amendment Checklist

For Staff Use Only

RZ-4/5

A. Location of Parcel

B. Text Amendment

Change in ordinance wording

Yes: No:

C. Map Amendment

Change in zoning district.....

Yes: No:

D. Recording Dates

Staff/Applicant conference.....

Date:

Application received.....

Date:

Application..... Fee: \$

Date:

Field check and photograph.....

Date:

Staff Report.....

Date:

Review committee distribution.....

Date:

Review committee meeting.....

Date:

Letter to applicant.....

Date:

Legal notice and area map to newspaper.....

Date:

Legal notice and map published.....

Date:

Notification of date, time, and place of public hearing and map mailed to applicant, property owners, neighborhood organizations, and utilities within 300 feet sent 15 days prior to public hearing.....

Date:

Planning Commission distribution.....

No. Sent

Planning Commission public hearing.....

No. Returned

Letter to applicant on action taken.....

Date:

Zoning amendment recommended.....

Date:

Provide City Clerk with mailing list, public hearing notice, and map.....

Date:

City Commission first reading.....

Yes: No:

Notification of date, time, and place of public hearing and map mailed to applicant, property owners, neighborhood organizations, and utilities within 300 feet sent prior to public hearing.....

Date:

City Commission public hearing.....

Date:

Zoning amendment approved.....

Date:

Letter to applicant on action taken.....

Date:

Update zoning maps section.....

Date:

Update Zoning Ordinance text.....

No. Sent

Distribution [Zoning Inspector, Assessor, Records].....

No. Returned

Date:

Yes: No:

Date:

Date:

Date:



Statement of Action

For Staff Use Only

RZ-5/5

A. Applicant Information

Name of Applicant _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Owner of Parcel (if different from applicant) _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

B. Property Address _____

Rezoned from Zone _____ to Zone _____

C. Your request for a Rezoning Permit has been reviewed and approved/denied by the Kalamazoo City

Commission on **Date:**

D. Your rezoning request becomes official effective on..... **Date:**

Conditions, if any _____

Additional Comments _____

The signature below shall attest to the fact that a rezoning request has been reviewed by the Kalamazoo City Commission as requested by the applicant whose name appears above.

City Planner Date