

**HOMER PLANNING COMMISSION
ZONING CHANGE REVIEW**

Zoning change request number: _____ Date: _____

Commission Name --- Homer Township Planning

Property Owners Name - Address - City - State - Phone

Name: _____

Address: _____

City & State: _____

Phone: _____

Signature: _____

Petitioner Name -Address -(if other than owner) City - State - Phone

Name: _____

Address: _____

City & State: _____

Phone: _____

Signature: _____

Tax Code Number: _____

Legal Description:

Present zoning classification: _____

Requested zoning classification: _____

Provide 7 copies of proposed plan & drawing

Provide 7 copies of any written question concerning use

Zoning change request fee --- \$200.00

Make check (s) to Homer Township

522 N. Homer Rd.

Midland, Mi. 48640-8615

HOMER TOWNSHIP PLANNING COMMISSION
CHECKLIST FOR ZONING CHANGE

YES NO

1. WAS AT LEAST 7 COPIES SUBMITTED ___ ___
2. CAN PROPERTY REASONABLY BE USED UNDER ITS
PRESENT ZONING CLASSIFICATION ___ ___
3. IS THE PROPOSED USE COMPATIBLE WITH USES
IN THE DISTRICT ___ ___
4. IF YES, WOULD IT BE MORE APPROPRIATE TO ADD THE
PROPOSED USE TO THE EXISTING DISTRICT AS A USE
PERMITTED BY RIGHT, OR BY SPECIAL USE PERMIT ___ ___
5. IS THE LOCATION PROPOSED APPROPRIATE FOR THE RANGE
OF USES PERMITTED IN THE ZONE REQUESTED ___ ___
6. WOULD REZONING BE CONSISTENT WITH OTHER ZONES,
LAND USES, OR TRENDS IN THE DEVELOPMENT FOR
THAT AREA ___ ___
7. ARE USES IN THE PROPOSED ZONE EQUALLY OR BETTER
SUITED TO THE AREA THAN THE CURRENT USES ___ ___
8. IS THE PROPOSED REZONING CONSISTENT WITH BOTH THE
POLICES AND THE USES PROPOSED FOR THAT IN THE
MASTER PLAN ___ ___
9. DOES THE REQUEST CONSTITUTE SPOT ZONING ___ ___
10. CAN THE PROPOSED DEVELOPMENT BE ADEQUATELY
SERVED BY THE PUBLIC UTILITIES AND SERVICES ___ ___