



**Frenchtown Charter Township  
Planning Commission  
2744 Vivian Road  
Monroe, MI 48162  
734-242-5900**

**REZONING APPLICATION**

Applicant must provide **13 copies** of the site plan, **13 copies** of the application, fees, escrow deposit, and all relative documents at least 5 weeks prior to the next regularly scheduled meeting of the Planning Commission.

Refer to the document titled “Site Plan Submission Requirements” which contains detailed information related to the Site Plan and Development Review Process and the minimum information required for site plan submittals.

A public hearing will be required in which all owners of property within 300 feet of the proposed development will be notified and will be allowed to speak to the Planning Commission.

DATE \_\_\_\_\_ PROJECT ADDRESS \_\_\_\_\_  
PROJECT PARCEL ID \_\_\_\_\_

**APPLICANT INFORMATION**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Cell:**

**Email:**

**PROPERTY OWNER INFORMATION**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Cell:**

**Email:**

**PROPERTY DESCRIPTION**

Current Zoning Classification:

Proposed Zoning Classification:

**Reason for Requested Rezoning:**

**Parcel Size:**

**Are you represented by an Architect or Engineer?** Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Architect / Engineer \_\_\_\_\_

Address \_\_\_\_\_

Telephone # ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_

**Are you represented by an Attorney?** Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone # ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_

**Will your attorney be present at the Planning Commission Meeting?** Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTACH THE FOLLOWING:**

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1. **13** hard copies of the site plan, sealed by a registered architect, engineer, or landscape architect. Please also provide an electronic copy via email to [kmcintyre@frenchtownmi.gov](mailto:kmcintyre@frenchtownmi.gov)
2. A brief written description of the existing and proposed uses, including but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.
3. Proposed Conditional Rezoning Agreement (if applicable)
4. One check to establish an escrow account with a beginning balance of **\$1,800** - \$300 for the Township Engineer and \$1,500 for the Township Planner. Any money left over at the end of the process will be refunded to the applicant.
5. One check in the amount of **\$150** - for the Planning Commission.

**PLEASE NOTE:** The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the rezoning application may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a rezoning application or to revoke any permits granted subsequent to rezoning approval.

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**APPLICANT'S ENDORSEMENT**

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

*Updated 12.26.19*