

File #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**CHARTER TOWNSHIP OF LYON  
APPLICATION FOR CONDITIONAL REZONING**

**NOTICE TO APPLICANT:** Applications to amend the Zoning Map through Conditional Rezoning must be submitted to the Township *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission's meeting at which the proposal will be considered for scheduling of a public hearing. Applications for Conditional Rezoning shall be accompanied by a Conditional Rezoning Plan in accordance with the requirements of Section 42.01, Sub-section B, of the Ordinance, plus the required fees. Regular meetings of the Planning Commission are held on the second and fourth Mondays of the month at 7:00 p.m. Regular meetings of the Township Board are held on the first Monday of the month at 7:00 p.m. All meetings are held at the Lyon Township Hall, 58000 Grand River Avenue, New Hudson, Michigan, 48165. Phone number: 248-437-2240. Fax number: 248-437-2336.

---

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request Conditional Rezoning and provide the following information to assist in the review:

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner(s) (if different from Applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Legal Interest in Property: \_\_\_\_\_

---

**LOCATION OF PROPERTY:**

Street Address: \_\_\_\_\_

Nearest Cross Streets: \_\_\_\_\_

Sidwell Number: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

If all or part is a recorded plat, provide lot numbers and subdivision name. If all or part is a condominium, provide unit numbers and condominium name. If all or part of the property is not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets, if necessary.

---

---

---

Property Size (Square Feet): \_\_\_\_\_ (Acres): \_\_\_\_\_

**EXISTING ZONING** (please check):

- |  |  |
|--|--|
| <input type="checkbox"/> New Hudson Zoning District                | <input type="checkbox"/> B-1 New Hudson Development District |
| <input type="checkbox"/> R-1.0 Residential – Agricultural District | <input type="checkbox"/> B-2 Community Business District     |
| <input type="checkbox"/> R-0.5 Single Family Residential District  | <input type="checkbox"/> B-3 General Business District       |
| <input type="checkbox"/> R-0.3 Single Family Residential District  | <input type="checkbox"/> I-1 Light Industrial District       |
| <input type="checkbox"/> RM-1 Suburban Township District           | <input type="checkbox"/> I-2 General Industrial District     |
| <input type="checkbox"/> RM-2 Multiple Family Residential District | <input type="checkbox"/> P-1 Vehicular Parking District      |
| <input type="checkbox"/> MHP Mobile Home Park District             | <input type="checkbox"/> PD Planned Development District     |
| <input type="checkbox"/> O-1 Office District                       | <input type="checkbox"/> RO Research Office                  |

Requested Zoning: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Proposed Buildings to be Constructed: \_\_\_\_\_

Can the buildings be constructed without variances under the proposed zoning? \_\_\_Yes \_\_\_ No

If no, describe anticipated variances:

---

**PROPOSED REZONING CONDITIONS:**

Identify the conditions being proposed in conjunction with this rezoning:

---

**SUBMIT THE FOLLOWING:**

1. Six (6) copies of a Conditional Rezoning Plan (CR Plan), measuring 24" x 36", which is a plan of the property prepared by a licensed civil engineer or architect, which may show the location, size, height, design, architecture, and other measures or features of proposed buildings, structures, and improvements. The details to be offered for inclusion on a CR Plan shall be determined by the applicant, subject to approval of the Township Board after recommendation by the Planning Commission.
2. A PDF file of the CR Plan.
3. Proof of property ownership (title insurance policy or registered deed with County stamp).

---

**PLEASE NOTE:** Once a public hearing is scheduled, it is the applicant's responsibility to install rezoning signage on the parcel involved, as described in an attachment to this application.

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

---

**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 in this application and the Zoning Ordinance has been submitted. I further acknowledge that the Township and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this site plan application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature of Property Owner Authorizing this Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Name (Print)

<b>TO BE COMPLETED BY THE TOWNSHIP</b>		Case #: _____
Date Submitted: _____	Fee Paid: _____	
Received By: _____		