



City of Port Huron, Michigan Planning and Zoning Application Instructions

1. **All applicants** must complete Page 1 **AND** the applicable second page for the request as follows:
 - a. Notice of Appeal/Variance Request - Page 2
 - b. Rezoning Request - Page 3
 - c. Site Plan Review - Page 4
 - d. Special Use Permit - Page 5
 - e. Vacation - Alley, Easement, or Street - Page 6

2. **Submit** the completed application consisting of Page 1 **AND** only the applicable page for your request, the required non-refundable application fee, and any other required documentation to:

City of Port Huron Planning Department
100 McMorran Boulevard, Port Huron, MI 48060
(located on third floor if hand delivering)

3. **Deadlines** for submission of application:
 - a. Rezoning, Special Use Permit, Vacations (of alley, easement, or street), and Site Plan Approval are reviewed by the Planning Commission. The Commission meets on the first Tuesday of each month and applications **must be received no later than two weeks in advance of the meeting.**
 - b. Zoning Appeals/Variations are reviewed by the Zoning Board of Appeals. The Board meets on the first Monday of each month and applications **must be received no later than one month in advance of the meeting.**

4. Incomplete applications will not be accepted which may delay your project. Please contact the following for any **questions or assistance** in the application process:
 - a. Rezoning, Special Use Permit, Vacations - Planning Department at (810) 984-9735.
 - b. Zoning Appeals/Variations - Inspection Division at (810) 984-9733
 - c. Office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

City of Port Huron, Michigan Planning and Zoning Application

Planning Commission	Site Plan Review/Approval
<input type="checkbox"/> Rezoning (\$350.00) <input type="checkbox"/> Special Use Permit (\$150.00) <input type="checkbox"/> Vacation - Alley, Easement, Street (\$200.00)	<input type="checkbox"/> Multi-Family/Commercial; less than two acres (\$200.00) <input type="checkbox"/> Multi-Family/Commercial; more than two acres (\$300.00) <input type="checkbox"/> Recheck for corrections/revisions (\$100.00)
Zoning Board of Appeals	
<input type="checkbox"/> Variance (\$200.00)	

Address/Location of Subject Property: _____

Parcel # of Subject Property: 74-06-_____-_____-_____ Current Zoning Designation: _____

Applicant Information (Must have a legal interest in the property):

- Property Owner Purchaser - Option or Purchase Agreement Purchaser - Land Contract
 Tenant/Lessee Developer/Contractor Engineer/Architect

Name: _____ Business/Organization Name: _____

Address: _____ City/State/Zip: _____

Phone (W): () _____ Fax: () _____ E-mail: _____

Cell Phone: () _____ Phone (H): () _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate:

Signature of Applicant: _____ Date: _____

IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY, complete the following:

Name of Property Owner: _____

Address: _____ City/State/Zip: _____

Phone (W): () _____ Fax: () _____ E-mail: _____

Cell Phone: () _____ Phone (H): () _____

The undersigned hereby affirms and acknowledges that he/she/they are the owner(s) of the property described in this application, are aware of the contents of the application, and hereby authorize the applicant to submit the application and represent the undersigned in the matter being reviewed by the City of Port Huron. Further, the undersigned hereby grants permission for members of the City of Port Huron Planning Commission/Zoning Board of Appeals/Staff to enter the property described in this application for the purpose of gathering information related to this application.

Signature of Owner: _____ **Date:** _____

OFFICE USE ONLY

Received by (initials): _____ Date Stamp Received: _____

Receipt #: _____

Meeting Date (if applicable): _____

REZONING Request for (address of property): _____

Legal description of property (attach separate sheet if necessary): _____

Lot Size: Frontage: _____ ft. Depth: _____ ft. Area: _____ sq. ft. or acres

It is requested that the above described property be rezoned from:

Current zoning district: _____ to Proposed zoning district: _____

Please explain the reason for rezoning request: _____

Survey of Existing Conditions: Please attach a boundary survey (certified by a licensed surveyor) of the property to be rezoned. Survey must be dimensioned and show existing structures, streets, drives, and parking areas. Indicate on the survey which structures, if any, are to be demolished.

Existing use of property: _____

Number of existing buildings on property: _____

Use of existing buildings: _____

Is the property or buildings vacant? _____ Yes _____ No If yes, indicate how long: _____

Site Plan of Proposed Use or New Construction: Please attach a site plan of the proposed development, drawn to scale by an engineer or architect, which includes dimensions and the location of all property lines, streets, and parking areas. (Depending on the zone, a more detailed site plan and site plan approval may be required later).

Describe the proposed use of the property: _____

Briefly describe any buildings to be constructed: _____

NOTE: All drawings and surveys are to be submitted on either an 8-1/2" x 11" or an 11" x 17" sheet of paper. Drawings must be legible. A north arrow and scale must be indicated on all drawings. An AutoCAD .dwg file is acceptable in lieu of a paper drawing.

SITE PLAN REVIEW Request for (address of property): _____

Legal description of property (attach separate sheet if necessary): _____

Lot Size: Frontage: _____ ft. Depth: _____ ft. Area: _____ sq. ft. or acres

Current zoning district: _____

Describe all proposed uses of the property: _____

Describe the nature of building construction or additions, including the square footage of all structures and the number of parking spaces provided (per Article IV of Chapter 52, Zoning, of the Code of Ordinances).

Please provide a separate sheet for parking lot calculations if necessary: _____

_____ Is parking lot paved? _____ Yes _____ No

Will the existing buildings and parking lot be utilized? _____

Existing use of property: _____

Number of existing buildings on property: _____

Use of existing buildings: _____

Is the property or buildings vacant? _____ Yes _____ No If so, indicate how long: _____

Describe what (if any) structure(s) will be demolished: _____

Please attach a site plan of the proposed development, drawn to scale by an engineer or architect, which includes dimensions and the location of all property lines, streets, and parking areas. Please refer to Chapter 52, Zoning, Section 52-697, Site Plan Review, and Section 52-700, Landscape Standards, of the Code of Ordinances for specific requirements.

NOTE: All drawings and surveys are to be submitted on either an 8-1/2" x 11" or an 11" x 17" sheet of paper, and a 24" x 36" drawing. Drawings must be legible. A north arrow and scale must be indicated on all drawings. An AutoCAD .dwg file may be submitted in lieu of a paper drawing.

SPECIAL APPROVAL USE PERMIT Request for (address of property): _____

Legal description of property (attach separate sheet if necessary): _____

Lot Size: Frontage: _____ ft. Depth: _____ ft. Area: _____ sq. ft. or acres

Current zoning district: _____

Purpose of request: Day-Care How many children? _____ State License No.: _____

Other (describe): _____

Existing use of property: _____

Number of existing buildings on property: _____

Use of existing buildings: _____

Is the property or buildings vacant? _____ Yes _____ No If so, indicate how long: _____

Number of existing parking spaces: _____ Is parking lot paved? _____ Yes _____ No

If new buildings are to be constructed, please describe the nature of the construction, including the square footage of each structure and the number of parking spaces provided: _____

Proposed use of property and buildings: _____

SITE PLAN REQUIREMENTS:

If new construction of buildings or parking lots will occur, please attach a site plan of the proposed development drawn to scale by an engineer or architect that includes dimensions and the location of all property lines, proposed buildings, parking areas, and streets. (Depending on the zoning district, site plan approval may be required and a more detailed site will be necessary.)

If new construction is not necessary and the existing buildings and parking lot will be used, please attach a certified boundary survey by a licensed surveyor of the property, scaled and dimensioned, showing locations and sizes of existing structure, property lines, streets, drives, and parking areas. Indicate on the drawing which structure, if any, are to be demolished.

NOTE: All drawings and surveys are to be submitted on either an 8-1/2" x 11" or an 11" x 17" sheet of paper. A 24" x 36" drawing may be submitted, provided the smaller drawing is also provided. Drawings must be legible. A north arrow and scale must be indicated on all drawings. An AutoCAD .dwg file may be submitted in lieu of a paper drawing.

VACATION OF ALLEY/EASEMENT/STREET Request

The alley, easement, or street to be vacated is adjacent to the following address(es): _____

Alley number to be vacated: _____ **Alley** is located in the block bound by the following streets:

_____ on the north _____ on the south
_____ on the east _____ on the west

Easement to be vacated is located in the block bound by the following streets:

_____ on the north _____ on the south
_____ on the east _____ on the west

Street to be vacated: _____ **Street** to be vacated is bound by the following streets:

_____ on the north _____ on the south
_____ on the east _____ on the west

Describe the reason why you are requesting the vacation of the alley, street, or easement _____

Indicate whether or not you would like the City to erect a sign indicating that the alley or street is vacated: YES NO
The City will erect a sign only once. *NOTE: If the sign is removed or damaged, it will not be replaced without cost.*

ALL property owners and occupants adjacent to the alley or street to be vacated **must agree** with the request **and sign below:**

	NAME	ADDRESS
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Attach additional signature sheets as necessary