



**City of Port Huron**  
**Planning Department**  
 100 McMorran Blvd.  
 Port Huron, Michigan 48060  
 Phone: (810) 984-9735

# REZONING APPLICATION

Rezoning (\$500.00)

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: \_\_\_\_\_  
 Phone (C): \_\_\_\_\_ 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: \_\_\_\_\_  
 Phone (C): \_\_\_\_\_ 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): \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Describe the proposed use of the property: \_\_\_\_\_

Briefly describe any buildings to be constructed: \_\_\_\_\_

**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).

**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.

**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.