

**CITY OF CHEBOYGAN, MICHIGAN  
PETITION FOR AMENDING THE ZONING ORDINANCE**

To:

- City of Cheboygan City Council
- City of Cheboygan Zoning Board of Appeals
- City of Cheboygan Planning Commission

From:

\_\_\_\_\_  
(petitioner)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)  
\_\_\_\_\_  
home telephone      business telephone

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  
Fee\* Received: \_\_\_\_\_  
Zoning Board of Appeals:  
Date: \_\_\_\_\_  
Action: \_\_\_\_\_  
Planning Commission:  
Date: \_\_\_\_\_  
Action: \_\_\_\_\_  
City Council:  
Date: \_\_\_\_\_  
Action: \_\_\_\_\_  
Adopted:  yes  no  
If yes, Effective Date: \_\_\_\_\_  
(\*fee - \$400 – subject to change)

Please note: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

**ACTION REQUESTED:**

The petitioner requests the City of Cheboygan approve the following petition for a zoning amendment. This amendment is for a text amendment “A” or a change to the zoning map “B” or both.

- Fill out pages 1,2 and 4 of this application for A (text amendment)
- Fill out pages 1, 3 and 4 for B (change the zoning map)
- Fill out pages 1, 2, 3 and 4 for both
- If this is a multiple request, duplicate page 2 or 3, as many times as necessary, so one copy is sued for each requested change

- A. Zoning text change
- B. Zoning map change
- A&B Both zoning text and map change

NOTE: The amendment may be adopted as proposed, further revised or not adopted.

**A.** Text amendment: Use another copy of this page for each different section being nominated for a text change.





List and describe the attached sheets:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

The undersigned affirms that he/she is the petitioner or agent representing the petitioner requesting the zoning change and that the answers and statements contained herein are true.

Signed: \_\_\_\_\_

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

When completed send **two** signed copies to:

City of Cheboygan  
 Office of the Zoning Administrator  
 403 N. Huron Street, PO Box 39  
 Cheboygan, MI 49721

*Please call 231-627-9931 with any questions on the completion of this form.*

**In reviewing an application for the rezoning of and, whether the application be made with or without an offer of conditions or, in considering any rezoning on the initiative of Council or the Planning Commission, factors that shall be considered by the Planning Commission and the City Council include, but are not limited to, the following:**

- \_\_\_\_\_ 1. Whether the reasoning is consistent with the policies and uses proposed for that area in the City's Master Land Use Plan;
- \_\_\_\_\_ 2. Whether all of the uses allowed under the proposed rezoning would be compatible with other zones and uses in the surrounding areas;
- \_\_\_\_\_ 3. Whether any public services and facilities would be significantly adversely impacted by a development or use allowed under the requested rezoning; and
- \_\_\_\_\_ 4. Whether the uses allowed under the proposed rezoning would be equally or better suited to the area than uses allowed under the current zoning of the land.

***(Planning Commission or City Council to check off the above, if met.)***