

AVERY TOWNSHIP
Application for Rezoning

PROPERTY OWNER

Name: _____

Address: _____

Phone: _____ Mobile: _____

PARCEL I.D. #: _____

CURRENT USE OF PROPERTY: _____

CURRENT ZONING: _____

REQUEST REZONE TO: _____

PROPOSED USE OF PROPERTY: _____

DATE: _____

SIGNATURE OF PROPERTY OWNER: _____

The Planning Commission shall review and apply the following factors in the consideration of any rezoning request:

Is the proposed rezoning consistent with the goals and objectives of the Township Master Plan?

Is the proposed rezoning reasonably consistent with surrounding uses?

Will there be an adverse physical impact on surrounding properties?

Will there be an adverse effect on property values in the adjacent area?

Have there been changes in land use or other conditions in the immediate area or in the community in general which justify rezoning?

Will rezoning grant a special privilege to an individual property owner when contrasted with other property owners in the area or the general public (i.e. will rezoning result in spot zoning)?

Is the site served by adequate public facilities or is the petitioner able to provide them?

PLANNING COMMISSION REVIEW DATE: _____

Approved by Planning Commission: _____

Denied by Planning Commission: _____

Planning Commission Chairperson Signature: _____

Date: _____