

ST. CLAIR COUNTY METROPOLITAN PLANNING COMMISSION
200 GRAND RIVER AVENUE - SUITE 202 - PORT HURON, MI 48060

sccmpc@stclaircounty.org

TOWNSHIP ZONING ORDINANCE AMENDMENT REFERRAL

Please complete this form and send with all attachments to the St. Clair County Metropolitan Planning Commission for consideration. Information can be mailed or emailed to the addresses listed at the top of this form.

Township: _____ Date: _____

Clerk: _____ Phone: _____

Planning Commission Chairperson: _____

E-mail Address: _____ Fax: _____

*****Please indicate the PARCEL ID# of the property***** _____

1. PLEASE CHOOSE ONE:

Map Change _____ From: _____ To: _____

OR

Text Amendment/Change _____

2. PLEASE INCLUDE THE FOLLOWING:

*****NOTE: The statutory review period by the SCCMPC is 30 days after ALL items are received*****

FOR ALL AMENDMENTS:

- This form
- Parcel ID#
- Public hearing notice
- Minutes of the public hearing
- Minutes of your planning commission meeting where the recommendation was made
- Report from a township planner or consultant if one was used

FOR A MAP AMENDMENT, in addition to above:

Proposed amendment, maps, legal description, location, dimensions, and area of property, and surrounding zoning and uses

FOR A TEXT AMENDMENT/CHANGE, in addition to above:

Proposed amendment, general description of the amendment, and the specific language to be used

3. TOWNSHIP PLANNING COMMISSION RECOMMENDATION:

APPROVE: _____ DENY: _____ OTHER: _____

REASON: _____

OFFICIAL SIGNATURE: _____ DATE: _____

4. METROPOLITAN PLANNING COMMISSION RECOMMENDATION:

APPROVE: _____ DENY: _____ OTHER: _____

REASON: _____

OFFICIAL SIGNATURE: _____ DATE: _____

*****Metropolitan Planning Commission sends copy to township clerk and planning commission chair*****

5. TOWNSHIP BOARD DECISION:

APPROVE: _____ DENY: _____ OTHER: _____

REASON: _____

OFFICIAL SIGNATURE: _____ DATE: _____

*****Township clerk sends this original form back to the SCCMPC after action is taken by the board*****