



# Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE  
TRAVERSE CITY, MICHIGAN 49684  
PH: (231) 941-1620 • FAX: (231) 941-1588

## CONDOMINIUM PLAN AMENDMENT APPLICATION

### Review Procedure:

Subject to the standards of Township Zoning Ordinance Section 7.18.11, an approved condominium plan may be amended as indicated below and following the submittal of a completed application to the Planning Department, a description of the intended changes, and all necessary condominium documents, plans, and agency reviews, when necessary.

#### 1) **Relocation of Boundaries & Secondary Access**

- a) The relocation of boundaries, as described in Section 48 of the Condominium Act, may be approved by the Director of Planning provided such change conforms to all requirements of this ordinance for the zoning district in which the project is located. The requirement for Township approval of any relocation of boundaries shall be made part of the condominium bylaws and recorded as part of the master deed.
- b) Secondary residential access may be approved by the Director of Planning provided the access meets the standards of Section 7.15 Street Standards and is limited to not more than two properties.

#### 2) **Minor Amendments**

Minor changes to an approved site condominium subdivision plan that alter the size, shape, intensity or configuration of a condominium unit, or that permit the realignment of a condominium unit or building location, or that adds roads or secondary access in excess of two but no more than four units may be authorized by the Planning Commission without further public hearing, provided that such minor changes comply with the following criteria:

- a) No new condominium unit may be created by the change;
- b) No previous amendments have been granted that, together with the proposed amendment, would exceed the standards of this section;
- c) There will be no detrimental impact on any adjacent property caused by significant change in the appearance or use of the property or any other contributing factor;
- d) Nothing in the currently valid condominium development approval order precludes or otherwise limits such change; and
- e) The proposal conforms to this ordinance and is in keeping with the spirit and intent of any adopted comprehensive plan.

#### 3) **Major Amendments**

Any proposed amendment other than as provided for by Section 7.18.11(1) or Section 7.18.11(2) of this chapter are considered a major amendment and shall be approved in the same manner and under the same procedures as are applicable to the issuance of the original condominium approval.

**Informational Requirements:**  
*(attach additional pages if necessary)*

**Condominium name:**

List all amendments to condominium:		
Amendment No:	Liber:	Page(s):
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Do the existing condominium bylaws expressly permit the requested amendment? Yes  No

- If yes, attach appropriate documentation.
- If no, application may not be approved prior to amendment of bylaws as necessary.

Has the owner(s) of a condominium unit(s) whose boundaries may be affected made written application to the association to amend the condominium plan? Yes  No

- If yes, attach appropriate documentation.
- If no, application may not be approved prior to such application to condominium assoc.

Describe all proposed changes to condominium plan:

Contact information for *principal officer of owners association* (please print):

Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact information for *owner(s) of unit(s) whose boundaries may be affected* (please print):

Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number(s): \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number(s): \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Are all proposed/required amendments to the master deed and bylaws attached? Yes  No

Are all proposed/required changes to the condominium development plan attached? Yes  No

Does application involve reallocation of condominium unit rights and obligations? Yes  No

- If yes, attach appropriate documentation.

**Certification and Acknowledgement**

The undersigned acknowledges that any approval of this application is not a determination that the resulting unit(s) complies (comply) with other applicable ordinances, rules or regulations which may control the use or development of the unit(s). The undersigned agrees that the statements made in this application are true and correct and acknowledges that, if found not to be true, this application and any approval will be void. The undersigned hereby certifies that the proposed condominium amendment meets the requirements of the Condominium Act, Michigan Act 59 of 1978, as amended, and that the proposed amendment meets all requirements of the existing condominium master deed and bylaws.

\_\_\_\_\_  
Principal Officer Signature

\_\_\_\_\_  
Date

Contact information for <b>agent</b> (if applicable):	
Name:	Phone Number: (    )
Address:	Email:
City, State, ZIP:	

.....  
Office Use Only – Please do not write below this line

\_\_\_\_\_ Approved: (With conditions below, if any)

\_\_\_\_\_ Denied: (Please include reasons for denial)

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