



# Charter Township of Garfield

## Grand Traverse County

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

### GUIDE FOR THE SUBMISSION OF AN APPLICATION FOR A ZONING ORDINANCE TEXT AMENDMENT

#### APPLICATION SUBMISSION

A complete application for a zoning ordinance text amendment consists of the following:

- a. A properly completed and signed application form;
  - b. Supporting information adequate to explain your proposal;
  - d. The required fee as set out in the Charter Township of Garfield Fee Schedule; and
  - e. Any additional information deemed by the Township to be necessary for proper review of the request.
- The above information is required to ensure that your application is given full consideration. An incomplete or improperly prepared application will not be accepted and will result in processing delays.

#### PROCESSING THE APPLICATION

Upon receipt of an application, it will be reviewed by the Planning Department for completeness. Once determined to be complete, the application will be scheduled for a public hearing before the Garfield Township Planning Commission and public notice of the application will be provided by newspaper publication. Following the public hearing, the Planning Commission will recommend approval or refusal of the application to the Township Board. Grand Traverse County Planning Commission and Garfield Township Board consideration follows, including a second public hearing at the Township Board.

At the appropriate times, the applicant or agent, as the case may be, will receive the following:

- a. Written acknowledgement of receipt of the submitted application and fees;
- b. Notice of completed application;
- c. Written notice of the public meeting before the Garfield Township Planning Commission (the applicant, agent and the public will have the opportunity to make a verbal presentation at the meeting);
- d. Written notice of the public meeting before the Garfield Township Board (the applicant, agent and the public will have the opportunity to make a verbal presentation at the meeting);
- e. A copy of the staff reports; and
- f. Written decision of the Garfield Township Board.

#### ASSISTANCE

Before submitting an application, it is recommended that you contact the Planning Department to arrange an appointment to discuss your proposed application. Time is often saved by these preliminary discussions. It may be necessary to seek the assistance of independent professional help (e.g. planning consultant, engineer, etc.) for complex applications.

#### FEES AND SUBMISSION

Fees for zoning ordinance amendments are established by resolution of the Garfield Township Board and are set out in the current Fee Schedule. Current application fees (subject to change – please confirm with current fee schedule) are established as follows:

Petition for Zoning Ordinance Text Amendment:	\$1,200.00
Petition for Zoning Ordinance Map Amendment:	\$800.00
Petition for Conditional Rezoning Amendment	\$1,200.00

Additional fees may be required if a review by independent professional help is deemed necessary by the Township. If required, such additional fees must be placed in escrow by the applicant prior to any further processing of this application. Any unused escrow funds shall be returned to the applicant.

For additional information or assistance in completing this development application, please contact the Planning Department at (231) 941-1620.

Please submit the completed application and fees to the Planning Department, Charter Township of Garfield, 3848 Veteran's Drive, Traverse City, Michigan, 49684.



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### APPLICATION FOR ZONING ORDINANCE TEXT AMENDMENT

This application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application will not be accepted and will result in processing delays.

#### A. APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please specify to whom all communications should be sent: \_\_\_\_\_ Applicant  Agent

#### B. PURPOSE OF APPLICATION

Section(s) reference: \_\_\_\_\_

Please explain why the zoning ordinance text amendment is being requested (if additional space is required, please attach a separate sheet):

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Please provide in detail a draft of the proposed text amendment, including all necessary additions to or deletions from current zoning ordinance text: (if additional space is required, please attach a separate sheet):

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#### C. SIGNATURE

\_\_\_\_\_  
Applicant Signature Date:

\_\_\_\_\_  
Agent Signature Date: