

# Village of Hillman

P.O. Box 96

24220 Veterans Memorial Highway, Hillman, MI 49746

Phone: (989) 742-4751 Fax: (989) 742-4947

Email: office@hillmanmichigan.org

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## PETITION TO AMEND ZONING ORDINANCE/MAP

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PETITIONER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE (HOME): \_\_\_\_\_

\_\_\_\_\_ TELEPHONE (BUSINESS): \_\_\_\_\_

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

### ACTION REQUESTED

- A. Zoning Text change
- B. Zoning Map change
- A & B. Both Zoning Text & Map change

### A. Text Amendment:

This request is to change the text of section (§) \_\_\_\_\_

The change is shown below, using underlining or bold face, like this, to show new text, and strike out, ~~like this~~, to show words to be deleted.

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What is the purpose of the proposed zoning text change?

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**B. Map Change (rezoning):**

This request is to rezone land from the current zoning district: \_\_\_\_\_ to this district: \_\_\_\_\_.

**PROPERTY INFORMATION:**

Legal description of land to be rezoned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attached (additional sheets if necessary)
- Attach copy of map showing drawing of the property

Property Size (acreage, width, depth): \_\_\_\_\_

Parcel (tax) Number \_\_\_\_\_

Address(es) of the property: \_\_\_\_\_

Attach or list all deed restrictions for the property at question:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property at question:  
\_\_\_\_\_  
\_\_\_\_\_

This area is \_\_\_ unplatted, \_\_\_ platted, \_\_\_ will be platted.  
If platted, name of plat: \_\_\_\_\_

What is the present use of the property?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT TO JUSTIFY THE PROPOSED AMENDMENT:**

State specifically the reason for the proposed amendment at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the zoning amendment conform to the Village of Hillman Master Plan? Explain how:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the zoning amendment does not conform to the Master Plan, why should the change be made, or why should the land use plan be amended to accommodate this proposed zoning amendment? Be specific, brief, and document statements. Indicate if the existing zoning is in error, or if conditions have changed to warrant amending the zoning ordinance:

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What will the impacts of the zoning amendment be on all landowners in the zoning district affected by the amendment:

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**The undersigned affirms that he/she is the agent representing the applicant requesting the zoning change and that the answers and statements contained here are true.**

**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Office Use Only:**

Case #: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_  
Public Notice Date: \_\_\_\_\_

Planning Commission:  
Action: \_\_\_\_\_  
Date: \_\_\_\_\_  
Village Council:  
Action: \_\_\_\_\_  
Date: \_\_\_\_\_  
Notice of Adoption Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_