



**Prospective Builder
INFORMATION LETTER**

If you are planning to apply for a rezone of a property in Solon Township, **please** read the following instructions and complete the attached zoning permit application. ***This must be approved before a building permit can be issued.***

First, be sure that the property owner signs the application. The owner may authorize the applicant to submit the application by providing a signed letter to act upon his behalf. Include all information requested on the application for both the owner and the applicant.

Second, complete zoning districts of all properties including the current zoning, proposed zoning, and the zoning of surrounding parcels. If you don't know this information the office may be able to help you.

Third, provide a thorough explanation of why this property rezone is being requested along with if it remains consistent with the current Solon Township Master Plan.

Fourth, include the parcel number and an accurate legal description along with a survey or scale drawing showing:

- Parcel Dimensions
- Adjacent Roads
- Existing Buildings

Lastly, complete the Escrow Policy Acknowledgment form and submit the application fee and required escrow amount on separate checks.

Finally, all required materials must be submitted a minimum of 45 days prior to the Planning Commission meeting date. It is mandatory for the applicant or representative to be present at that meeting.

My office hours are Tuesdays, 10:30 AM – 5:00 PM and by appointment only. It is best to call the main office for an appointment.

Sincerely,

Jerry Gross
Zoning Administrator



15185 Algoma Ave., NE
 Cedar Springs, MI 49319
 616-696-1718 fax 616-696-3970

PETITION FOR REZONING

PROPERTY OWNER'S NAME(S):	APPLICANT'S NAME(S):
MAILING ADDRESS:	MAILING ADDRESS:
<i>(City, State, Zip)</i>	<i>(City, State, Zip)</i>
PHONE:	PHONE:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:

This application must be signed by property owners. In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf.

This application will not be processed until authorized by the property owner.

CURRENT ZONING OF PROPERTY _____	LOCATION OF PROPERTY Address: _____
PROPOSED ZONING OF PROPERTY _____	MASTER PLAN DESIGNATION OF PROPERTY _____
ZONING OF SURROUNDING PARCELS NORTH: SOUTH: EAST: WEST:	TOTAL ACREAGE OF EXISTING SITE
IS THIS PROPOSED REZONING CONSISTENT WITH THE SOLON TOWNSHIP MASTER PLAN? _____ Yes _____ No	
- EXPLAIN WHY THE APPLICANT WANTS PROPERTY REZONED (<i>use additional paper if necessary</i>): _____ _____	
- EXPLAIN PROPOSED USE (<i>use additional paper if necessary</i>): _____ _____	
PARCEL NUMBER: 41-02-__-__-__ INSERT BELOW OR ATTACH AN ACCURATE LEGAL DESCRIPTION OF PROPERTY: A SURVEY OR SCALE DRAWING SHOWING PARCEL DIMENSIONS, ADJACENT ROADS, AND EXISTING BUILDINGS MUST ACCOMPANY THIS PETITION.	

OWNERS SIGNATURE(S):	<i>I HEREBY GRANT PERMISSION FOR PLANNING COMMISSION MEMBERS AND THE ZONING ADMINISTRATOR TO ENTER THE ABOVE-DESCRIBED PROPERTY FOR THE PURPOSES OF GATHERING INFORMATION RELATED TO THIS APPLICATION:</i>
APPLICANT'S SIGNATURE (<i>If other than owner</i>):	SIGNATURE AND DATE



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ESCROW POLICY ACKNOWLEDGMENT

I have read, and agree to abide by, the Solon Township policy concerning escrow fees.

Name (please print): _____ Date: _____

Project Name: _____

Person/Company responsible for account (billing purposes):

Name: _____

Mailing Address/PO Box: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Email: _____

ALL ESCROW CHARGES MUST BE CURRENT OR PROJECT WILL BE REMOVED FROM AGENDA AND NO ACTION WILL BE TAKEN.

NO BUILDING PERMITS WILL BE ISSUED IF A BALANCE IS OWING.

- Rezone Application Fee: \$850.00 Request Chapter 13 (Separate check from Escrow)**
- Escrow Required: \$3,000.00 - \$5000.00 Rezone Application (Separate check from Application)**

APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT THE MEETING. WITHDRAWAL OF THIS PROJECT WILL NOT RESULT IN ANY REFUND OF THE APPLICATION FEE.

Applicant's Signature: _____ Date: _____

Office Use Only

Township Representative: _____ Date Received: _____

Application Fee(s): \$ _____ Received on: _____

Escrow Fee(s): \$ _____ Received on: _____

Date of Planning Commission Meeting: _____

Approved: _____ Conditions (if any): _____

Denied: _____ Conditions: _____

Zoning Administrator: _____ Date: _____

