

The Charter Township of Flint prides itself on its' streamlined processes. All processes meet the requirements of the Michigan Planning Enabling Act PA 33 of 2008 and the Michigan Zoning Enabling Act PA 110 of 2006.

Planning Process and Fees:

Rez	oning Process Checklist					
1	Contact Building Department if you feel you need a Pre-Application meeting. Phone: 810-600-3235 or Email: kcronin@flinttownship.org					
2	Submit your Rezoning Application - at least 21 days prior to the Regular Planning Commission Meeting. Include the completed application and fee.					
4	The Public Hearing Notice will be mailed to all owners of property within 300 ft. and posted at the Township Hall and online at www.flinttownship.org					
5	Planning Commission holds the Public Hearing. The applicant should attend or have a representative present to answer any questions the Commission may have.					
6	The Planning Commission considers your request - (Monthly Meeting - 2nd Thursday at 6pm). The Planning Commission will vote to recommend approval/denial to the Township Board of Trustees.					
7	Zoning Administrator sends the Case to the Township Board with the Rezoning Ordinance and the Planning Commission recommendation. The Township Clerk will place notices in the newspaper and online.					
8	The Township Board of Trustees has a First Reading of the Ordinance. If there aren't any objections, the Ordinance will be placed on the next agenda for Final Reading and approval/denial by the Board					
10	If the Ordinance passes, the Clerk will post in the paper again.					
	If at any point in the process you have a question, please contact Building Department - kcronin@flinttownship.org					
	Expected Length of Process - 6 - 12 weeks from receipt of application and fee.					

ZONING AMENDMENT APPLICATION FORM

CHARTER TOWNSHIP OF FLINT 1490 S. DYE ROAD FLINT, MI 48532				CASE # FEE PAID TBS FOR PH		
(810) 73	32-1350 FAX (810) 733-6919			PH DATE		
1.	Date:					
2.	The property is located on the N S E W side of road between					
		and				
3.	Location address					
	Legal Description of Proper	ty				
4.		frontage				
5.	It is requested that the zoning classification of the foregoing described property be amended					
	from	to				
6.	It is proposed that the prope	erty will be put to the following	j use:			
7.						
8.	Petitioner					
	Name	Address	Cit	у	Phone	
9.	Name(s) of legal owners(s)					
	Name	Address	Cit	у	Phone	
Agent p	rocessing the amendment if d	ifferent from No. 8.				
-	Name	Address	Cit	у	Phone	
11.	Signature(s) of legal owner(s) or authorized agent – AUTH	iority: Twp Zon	NING ACT PA 184, 1943 AS AN	IENDED.	
ZONING	AMENDMENT FEE SCHEDUL	E: 0 - 1 ACRE = \$ 1 ACRE + = \$1,000 + \$40/ <i>J</i>		И \$1,500)		

AFFIDAVIT OF AUTHORITY

VARIANCE OR ZONING APPLICATION #: _____

MEETING DATE: _____

ZBA: _____ PLAN COMM : _____

I hereby swear that I have the consent or authority of the owner of this property to act on the owner's behalf in asking for the variance/rezoning decision.

SIGNATURE OF AGENT

DATED