

**CITY OF NEWAYGO**

**Application for Ordinance Amendment**

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee: \$400.00

1. **Applicant Information:** (if not individual, list business)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Owner Information:** (if different from applicant)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

2. Application is for: (  ) Rezoning (Zoning Map) (  ) Text Amendment

9. List of reasons for the request:

\_\_\_\_\_  
\_\_\_\_\_

3. Address of Property Involved: \_\_\_\_\_

4. Property Tax Id Number: \_\_\_\_\_

5. Current Use(s) of Property: \_\_\_\_\_

6. Current Zoning Classification:

- |  |  |
|--|--|
| <input type="checkbox"/> R-1 Single Family Residential   | <input type="checkbox"/> B-1 General Business District |
| <input type="checkbox"/> R-2 Single & Two Family Resid.  | <input type="checkbox"/> B-2 Highway Business District |
| <input type="checkbox"/> R-3 Multiple Family Residential | <input type="checkbox"/> I-1 Industrial District       |
| <input type="checkbox"/> MHP Mobile Home Park            | <input type="checkbox"/> Other: _____                  |

7. Proposed Zoning Classification:

- |  |  |
|--|--|
| <input type="checkbox"/> R-1 Single Family Residential   | <input type="checkbox"/> B-1 General Business District |
| <input type="checkbox"/> R-2 Single & Two Family Resid.  | <input type="checkbox"/> B-2 Highway Business District |
| <input type="checkbox"/> R-3 Multiple Family Residential | <input type="checkbox"/> I-1 Industrial District       |
| <input type="checkbox"/> MHP Mobile Home Park            | <input type="checkbox"/> Other: _____                  |

10. Attach site plan. Also attach building elevations, pictures, brochures, etc.

11. I/we do hereby swear that the above information is true and correct to the best of my/our knowledge and agree to comply with remaining ordinances and regulations of the City of Newaygo, Newaygo County, MI and of any other agencies or governmental units which may be involved.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

**PLEASE SUBMIT ONE HARD COPY OF ALL DOCUMENTS, AND ALSO EMAIL DIGITAL COPIES TO [zoning@newaygocity.org](mailto:zoning@newaygocity.org)**

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**PLANNING COMMISSION REVIEW**

A. Consistent with land use objectives: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, list the areas, by reference number, that do not comply: \_\_\_\_\_

\_\_\_\_\_

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**PLANNING COMMISSION ACTION**

Date of Meeting: \_\_\_\_\_

The attached application for ordinance amendment is recommended for:

( ) Approval      Reasons/Conditions: \_\_\_\_\_

\_\_\_\_\_

( ) Denial      Reasons: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Planning Commission Secretary, City of Newaygo

\_\_\_\_\_  
Zoning Administrator, City of Newaygo

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**CITY COUNCIL**

Date of Meeting: \_\_\_\_\_

The attached application for ordinance amendment is hereby:

( ) Granted      Reasons/Conditions: \_\_\_\_\_

\_\_\_\_\_

( ) Denied      Reasons: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
City Clerk, City of Newaygo

\_\_\_\_\_  
Zoning Administrator, City of Newaygo

Copy Distribution:      Original - City of Newaygo      Copies – Applicant, Assessor, and Building Inspector