

Office Hours:
Monday through Friday
8 AM to 4:30 PM

CITY OF BESSEMER
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ZONING MAP CHANGE APPLICATION (See Section 14.8 A. thru H.)
CONDITIONAL REZONING APPLICATION (See Section 14.8 A. thru H. & Section 14.8 I. 1. thru 11.)

APPLICANT _____ CASE NUMBER _____

1. Present Zoning District: _____
Requested Zoning District: _____
2. Describe the proposed use that requires a change in the zoning district:

3. Describe any physical site constraints or limitations, i.e. access, soils, topography, utilities, vegetative cover, wetlands, etc. that may impact the requested zoning district:

4. Describe any additional or increased governmental service(s) which may be required by the proposed zoning district:

5. Describe any incompatibility that the requested zoning district change may cause with adjacent and surrounding properties:

6. Describe any negative environmental impacts anticipated if the zoning district change is approved:

7. Describe the potential impact upon the City of either approval or denial of this zoning district change request:

8. Why is the requested zoning district appropriate for this location?

9. Is the proposed change in zoning district supported by the City of Bessemer Land Use Plan of 2010?

10. If this is a Conditional Rezoning request, is the owner offering voluntary written conditions relating to the proposed use or development? _____ N.A. _____ Yes _____ No
11. Additional comments or statements:

The above information is true to the best of my knowledge and belief.

Date _____ Signature _____

(Please print name here)