

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

**CITY OF BESSEMER**  
411 South Sophie Street  
Bessemer, Michigan 49911

Office Telephone  
(906) 667-0333  
Fax Number  
(906) 667-0467

www.cityofbessemer.org

**ZONING ACTION REQUEST**

**CASE NUMBER** \_\_\_\_\_

This portion is to be completed by the applicant. (Please print in ink only)

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PERMANENT PARCEL NO.: \_\_\_\_\_  
 CITY \_\_\_\_\_ PHONE NO. (\_\_\_\_\_) \_\_\_\_\_  
 STATE / ZIP \_\_\_\_\_ FAX NO. (\_\_\_\_\_) \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

OWNERSHIP INTEREST IN PROPERTY: DEED \_\_\_\_\_ LEASE \_\_\_\_\_ LAND CONTRACT \_\_\_\_\_

OTHER (Explain) \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY (as listed on deed, tax bill or copy attached): Section \_\_\_\_\_, T \_\_\_\_\_, N – R \_\_\_\_\_ W.

APPLICATION FOR: (Check all that apply)

ZONING ACTION REQUESTED	APPROVING AUTHORITY	PRE-APPLICATION CONFERENCE R=REQUIRED O=OPTIONAL
<b>APPEALS</b> <input type="checkbox"/> Decision of Zoning Administrator or Planning Commission <input type="checkbox"/> Lot of Record <input type="checkbox"/> Ordinance / Map Interpretation <input type="checkbox"/> Non-Use or Use Variance	Zoning Board of Appeals Zoning Board of Appeals Zoning Board of Appeals Zoning Board of Appeals	    R   R
<input type="checkbox"/> CERTIFICATE OF ZONING COMPLIANCE <input type="checkbox"/> DEMOLITION PERMIT <b>LAND DEVELOPMENT</b> <input type="checkbox"/> Condominium Subdivision Permit <input type="checkbox"/> Planned Unit Development Permit <input type="checkbox"/> Subdivision Plat Permit	Zoning Administrator City Building Inspector  Planning Commission/City Council Planning Commission/City Council City Council	     R R R
<input type="checkbox"/> COMMERCIAL NON-CONFORMING USES / STRUCTURES	Zoning Board of Appeals	O
<input type="checkbox"/> SIGN PERMIT	Zoning Administrator	
<b>SITE PLAN REVIEW</b> <input type="checkbox"/> Minor Site Plan <input type="checkbox"/> Major Site Plan	Zoning Administrator / Planning Commission Planning Commission	  O R
<b>ZONING ORDINANCE</b> <input type="checkbox"/> Conditional Rezoning <input type="checkbox"/> Zoning Map Change <input type="checkbox"/> Zoning Text Amendment	Planning Commission/City Council Planning Commission/City Council Planning Commission/City Council	  R O O
<b>ZONING PERMIT</b> <input type="checkbox"/> Permitted by Right ( P ) <input type="checkbox"/> Permitted by Conditions ( C ) Conditional Land Use <input type="checkbox"/> Special Use ( S ) Special Land Use <input type="checkbox"/> Temporary Building / Structure	Zoning Administrator Zoning Administrator / Planning Commission Planning Commission / City Council Zoning Administrator	    O R R

**NOTE:** Improvements on all lots or parcels that abut the US-2 Right-of-Way or other lands that front on intersecting streets within 200 feet of the US-2 Right-of-Way are subject to US-2 Highway Overlay Zone Review by M.D.O.T.

The undersigned acknowledges that the above information is true to the best of their belief and that they have been provided appropriate information concerning zoning compliance as well as copies of applicable ordinance requirements. In addition, applicant hereby grants permission for members of the City of Bessemer Planning Commission, Zoning Board of Appeals, City Council, and Zoning Administrator to enter into the above described property for the purpose of gathering information related to this application.

Authorized Signature, Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

FEE PAID \_\_\_\_\_ DOLLARS (\$) \_\_\_\_\_ (Non-refundable)  
 MATERIALS RECEIVED: SITE PLANS \_\_\_\_\_ LEGAL DESCRIPTION \_\_\_\_\_ OTHER \_\_\_\_\_  
**CITY OF BESSEMER**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_