

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

**CITY OF BESSEMER**  
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**ZONING ORDINANCE TEXT AMENDMENT**  
**(See Section 14.8 A. thru H.)**

APPLICANT \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

1. Note the exact area of the Zoning Ordinance text petitioned to be amended:

Article: \_\_\_\_\_ Title: \_\_\_\_\_

Section: \_\_\_\_\_ Title: \_\_\_\_\_

2. What is the exact language of the requested text amendment and exactly where would it be inserted within the text of the Zoning Ordinance?

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

3. Why is a text amendment necessary and what justifies the petitioned text change?

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

4. Explain why the existing text cannot be utilized to accommodate the need and/or implement the required zoning action:

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

5. Is the requested text revision in accord with the appropriate land use standards of the City of Bessemer Land Use Plan of 2010 and other governmental agencies' goals and policies?

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

6. What could be the anticipated long term effect(s) of the requested text amendment?

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

7. If approved, would the requested text amendment require any additional City and/or governmental services, facilities, or programs?

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

8. Would there be any significant and/or potentially negative environmental impacts which could result if the requested text amendment is approved?

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

9. What impact would the requested text amendment have upon the adopted development policies of the City of Bessemer, or other governmental agencies?

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

10. Additional comments or statements:

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

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
(Please print name here)