



# TOWNSHIP OF CLAY

County of St. Clair

4710 Pte. Tremble Road, Clay Township, MI 48001

(810) 794-9320

## CLAY TOWNSHIP REZONING APPLICATION

1. Completed application and fees along with fifteen (15) copies of a detailed drawing of the parcel to be rezoned (including legal description) must be submitted to the Zoning Administrator in the Building Department by the first of the month in order to be scheduled for \*agenda on the Clay Township Planning Commission for the following month.
2. At the time of submission, applicant will be informed of the first meeting date and given a calendar showing the processing time of their application as the Clay Township Professional Planner and the Clay Township Building/Zoning Department must review the application and drawing(s) for the proposed rezoning. The Clay Township Police Department, Clay Township DPW, Clay Township Assessing Department, and Clay Township Fire Department will be notified of the proposed rezoning and may offer any comments prior to placing the application on the \*agenda of the Planning Commission.
3. The Rezoning Application requires a Clay Township Planning Commission Public Hearing, review of application by the St. Clair County Planning Commission, and review and approval of application by the Clay Township Board of Trustees. The process of this application could take as long as three months.
4. Planning Commission schedule:
  - \* 2<sup>nd</sup> Wednesday of the Month – New Business
  - \* 4<sup>th</sup> Wednesday of the Month – Old Business/  
Workshop

Please find attached:

- 1) Application

A Complete Copy Of The Clay Township Zoning Ordinance Can Be Purchased Or  
Downloaded From Our Website – [www.claytownship.org](http://www.claytownship.org)



**CLAY TOWNSHIP**

**APPLICATION FOR REZONING OF PROPERTY**

Clay Township  
Building Department  
4710 Pte. Tremble Rd.  
P. O. Box 429  
Algonac, MI 48001  
(810) 794-9320

PETITIONER'S NAME: \_\_\_\_\_ PHONE (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROPERTY TO BE REZONED: Parcel # \_\_\_\_\_

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

Lot Number: \_\_\_\_\_ Land Area (in acres) : \_\_\_\_\_

Property Frontage: \_\_\_\_\_ Property Depth: \_\_\_\_\_

CURRENT ZONING DISTRICT: \_\_\_\_\_ ZONING DISTRICT REQUESTED: \_\_\_\_\_

ARE YOU SOLE LEGAL OWNER? YES [ ] NO [ ] IF NOT, STATE INTEREST: \_\_\_\_\_

\_\_\_\_\_

PRESENT LAND OWNER'S NAME, ADDRESS AND PHONE: \_\_\_\_\_

\_\_\_\_\_

**ATTACH DRAWING SHOWING THE LOCATION OF THE PROPERTY IN RELATION TO THE NEAREST ROAD(S). DRAWING SHOULD BE IN BLACK INK ON WHITE PAPER AND INCLUDE THE FOLLOWING INFORMATION:**

1. SIZE AND SHAPE OF PARCEL (INCLUDE PARCEL ID#).
2. SIZE AND GENERAL LOCATION OF BUILDING(S) TO BE INCLUDED.
3. STREET ON WHICH LOCATED AND ACCESS.
4. ADJACENT PROPERTIES, BUILDINGS, AND ZONING DISTRICTS.
5. LEGAL DESCRIPTION.

**THE APPLICATION MUST BE SUBMITTED WITH FIFTEEN (15) COPIES OF THE DRAWING OF THE PROPERTY TO BE REZONED.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT or OWNER

DATE RECEIVED: \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_