



**City of Flint**  
**Planning & Zoning Department**  
 1101 S Saginaw Street Room S105, Flint, MI 48502  
 Phone: (810)766-7426  
[www.cityofflint.com/department/planning-and-zoning/](http://www.cityofflint.com/department/planning-and-zoning/)

Fee: _____
Date Rec'd: _____
Application #: _____
Meeting Date: _____

**Application for Rezoning, Conditional Rezoning or Text Amendment**

<input type="checkbox"/> <b>Rezoning</b>	<input type="checkbox"/> <b>Conditional Rezoning</b>	<input type="checkbox"/> <b>Text Amendment</b>
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<b>Property Address &amp; Parcel ID Numbers</b>	Property or Street Address:		
	Parcel I.D. Number(s):		
	Zoning District:		

<b>Project Description</b>			
	Does the project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there any easements on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Applicant</b> <i>(Must have a legal interest in the property)</i>  <b>PROPERTY OWNER MUST ATTEND PLANNING COMMISSION MEETINGS OR BE REPRESENTED BY A PERSON WITH NOTORIZED LETTER OF REPRESENTATION TO ACT ON BEHALF OF OWNER</b>	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	<input type="checkbox"/> Own the property			
	<input type="checkbox"/> Lease the property, if so what is term of lease?		Years:	W/ options? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Have offer to purchase property (attach purchase agreement)			
	<input type="checkbox"/> Other property interest: (e.g., architect, attorney, contractor, etc.)			
Applicant Signature:				

<b>Primary Contact</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			
<b>Property Owner</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			

Please note:  
**The non-refundable fee made payable to the City of Flint must accompany your application.**

Prior to submitting an application, the applicant may meet with the Planning Commission to receive feedback from the Commission and the public. An applicant may submit a voluntary offer in writing that only certain uses and development of land will be undertaken as a condition to a rezoning of the land or an amendment to the zoning map.

For fees, please reference the City of Flint [Master Fee Schedule](#).

## **Application to the Planning Commission for a Rezoning**

Please reply to the following questions and how the request meets the requirements of [Article 17](#):

1. Please describe how the rezoning is consistent with the Master Plan.

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2. Please describe any unique circumstances where there has been a substantial change in conditions or policies that necessitate the rezoning.

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3. Please describe any case-specific mistakes found within the Master Plan that require the rezoning.

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4. Please describe any voluntary conditions related to the requested rezoning.

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## **Application for a Zoning Ordinance Text Amendment**

Please provide the following information:

Zoning Ordinance Section(s) to be amended: \_\_\_\_\_

Please describe the proposed change to the text (attach additional pages if necessary).

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Please provide a brief summary of the reason you are requesting the amendment (attach additional pages if necessary).

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