



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/

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

Application for Rezoning, Conditional Rezoning or Text Amendment

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

Project Description			
	Does the project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant <i>(Must have a legal interest in the property)</i> PROPERTY OWNER MUST ATTEND PLANNING COMMISSION MEETINGS OR BE REPRESENTED BY A PERSON WITH NOTORIZED LETTER OF REPRESENTATION TO ACT ON BEHALF OF OWNER	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:				

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

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

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

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

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).

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