

PETITION FOR ZONING AMENDMENT
(Use for Text Amendment or Rezoning Request)
City of Ovid

PETITION:
TO: Ovid City Council and
Ovid Planning Commission

PETITION:
BY: _____

Petitioner: (Please Print)

Address: _____

Phone: _____
(home): _____
(business): _____

FOR OFFICE USE ONLY

Case No. _____
Date Rec'd _____
Copies To: _____
Zoning Administrator: _____
City Clerk: _____
City Council; _____
Planning Comm: _____
Consultant: _____
Other: _____
Tax Parcel No. _____
Fee Rec'd: _____
(amount and date)

Receipt No. _____
Hearing Date: _____
Planning Commission: _____
Action: _____
Date: _____

City Council: _____
Action: _____
Date: _____

Five (5) copies of this petition must be completed in full and submitted to the Zoning Administrator along with any additional information requested by the Zoning Administrator.

Please Note: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is _____.

1. ACTION REQUESTED

It is hereby requested that the Ovid City Council and the Ovid Planning Commission approve the following Petition for zoning amendment.

- A. Text Amendment: Amend article ____, Section ____, to delete, supplement, or Clarify the City of Ovid Zoning Ordinance by making the following change(s): (attach additional sheets if necessary). _____

B. Rezoning Amendment: Rezone from _____
to _____, the property described in part II. "Property
information," of this Petition, for the following purpose (include proposed use of
the land):

A previous application for a variance, special use permit or rezoning on this land
has/has not (circle the correct response) been made with respect to the premises in
the last _____ years. If a previous appeal, rezoning or special use permit
application was made. State the date, nature of action requested and the decision:

Action requested _____ date: _____
Decision _____ date: _____

II PROPERTY INFORMATION

A. Legal description of property affected (attach survey if possible): _____

Address Property:

B. List of all deed restrictions (attach additional sheets if necessary)

C. Names and addresses of all other persons, firms, or corporations having a legal
or equitable interest in the land:

D. This area is: _____ unplatted _____ platted _____ will be platted
If platted, name of Plat: _____

E. Present use of the property is: _____

III DRAWINGS REQUESTED (see section 20.05)

Five (5) copies of a drawing at a scale of 1" = 100' must be submitted with this application showing (where applicable) the following:

C. State specifically the reason for the amendment request:

B. In support of the above Statement of Justification, the answers to the following must be complete (attach additional sheets if necessary):

1. What, if any, identifiable conditions related to the application have changed which justify the proposed amendment?

2. What are the precedents and the possible effects of such precedent which might result from the approval or denial of the petition?

3. What is the impact of the amendment on the ability of the City and other governmental agencies to provide adequate public services and facilities, and / or programs that might reasonably be required in the future if the proposed amendment is adopted?

4. Does the petitioned district change adversely affect environmental conditions, or the value of the surrounding property?

5. Does the petitioned district change generally comply with the adopted City of Ovid Master Plan?

6. Is the property currently able to be put to a reasonable economic use in the zoning district in which it is presently located:

C. If the proposed amendment does not conform to the Master Plan, why should the change be made? Please be specific, brief and attach any supporting documentation which substantiates your claim. This could include an allegation that the existing zoning is in error which would be corrected by the proposed change, or that specific changes or changing conditions in the immediate area or in the City make the amendment necessary to the promotion of public health, safety and general welfare.

D. What do you anticipate the impacts of the proposed zone change on the adjacent property to be? What steps do you propose to take to mitigate any negative impacts associated with the proposed change?

IV. AFFIDAVIT

The undersigned affirms that he/she/they (circle the correct response) is/are (circle the correct response) the owner ____, lessee ____, other type of interest ____, involved in this petition and that the foregoing answers, statements, and information are in all respects true and correct to the best of his/her/their (circle the correct response) knowledge and belief.

Petitioner Signature(s)

Date

V. OFFICIAL ACTION

City Planning Commission

Date Received: _____

Type of Action Taken: _____

Reason for Action Taken: _____

Date of Public Hearing: _____

Date of Advertising: _____

City Council

Date Received: _____

Type of Action Taken; _____

Reason for Action Taken: _____

Date of Public Hearing: _____

Date of Advertising the Action: _____

City Clerk (signature)

Date