

**CHARTER TOWNSHIP OF CALEDONIA  
PLANNING COMMISSION  
DETERMINATION OF SIMILAR USE**

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Any person affected by the Charter Township of Caledonia Zoning Ordinance may submit a petition, in writing, to the Township requesting that consideration be given to determine similar uses permitted in a specific zoning district. The planning commission will hold a meeting to consider said petition and will notify the petitioner of the time and place of such meeting.

**Applicant's Name** \_\_\_\_\_ **Daytime Phone**( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Agent's Name** \_\_\_\_\_ **Daytime Phone**( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name of owner** (if different from Applicant's) \_\_\_\_\_

**Property interest of applicant** (owner, contract purchaser, etc.) \_\_\_\_\_

**Billing Address** (if different from Applicant's) \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Existing Zoning District:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

**Similar Use Permitted in District:** \_\_\_\_\_

The use determination is being requested for the following described property:

**Address** \_\_\_\_\_ **Parcel Number:** 41-23-

**Legal Description** (a copy of the recorded deed may be submitted)

**Parcel size** (in acres or square feet) \_\_\_\_\_ **Size of site proposed for rezoning**

Please attach a fully dimensioned drawing that depicts the land affected by the proposed determination.

**Reason(s) for request:**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Optional: I hereby grant permission for members of the Caledonia Township Planning Commission, Township Board and/or Township Staff to enter the above-described property for the purpose of gathering information related to the application. *Note to Applicant: This permission is optional.*

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_