

**CITY OF INKSTER**  
**APPLICATION GUIDELINES TO AMEND THE ZONING ORDINANCE**

This packet is designed to assist you in preparing a request to the Planning Commission for consideration of an amendment to the City of Inkster's Zoning Ordinance. This application is submitted to the Planning and Economic Development Department, which is located at 26215 Trowbridge, Inkster, MI, 48141 between 8:30 a.m. and 4:30 p.m. Monday through Friday, except major holidays.

Please provide the following information at the time of submittal. If any of this information is not provided, it may result in the delay of processing your application:

- A completed application form
- Applicable non-refundable fees
- Agent authorization form (If an agent is representing the applicant)
- A fee in the amount of \$550.00

**NOTE: APPLICATION FEES ARE NON-REFUNDABLE. THERE ARE NO GUARANTEES THAT YOUR REQUEST TO AMEND THE ZONING ORDINANCE WILL BE APPROVED.**

Ten (10) days after the application is submitted, you will receive notification that a review for its completeness was conducted and the result of the review. If there is no additional information required, the process will proceed and a public hearing before the City of Inkster's Planning Commission will be scheduled. It takes up to fifteen (15) days before scheduling is confirmed and you will receive notification of its date, time, and place. The Planning Commission will hold the public hearing and within thirty days of the public hearing, its recommendation will be forwarded to the Inkster City Council for consideration. The Inkster City Council makes the final decision. If City Council approves the text amendment, there will be a first reading and a final reading before the amendment is adopted and placed into effect.

Please contact the City of Inkster's Planning and Economic Development Department at 313-563-9760 with any questions regarding this process.

FOR OFFICE USE ONLY

DATE SUBMITTED: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**CITY OF INKSTER'S  
APPLICATION TO AMEND THE ZONING ORDINANCE**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

TELEPHONE NUMBERS ( ) ( ) \_\_\_\_\_  
Direct FAX E-Mail Address

**PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH FEES.**

1. A narrative that explains the proposed amendment and why it is necessary.
2. An analysis of how the proposed amendment conforms to and supports the principles found within the zoning ordinance and master plan.
3. A statement of the perceived effects of the proposed change would have on the City's ability to deliver services (staffing, enforcement, added inspections, studies required, etc.). What additional costs, if any, the City or its taxpayers will incur and how will these costs be addressed?
4. Explain how the proposed text amendment would serve the interests of the public as a whole, including health, safety, or welfare.
5. A draft of the proposed text change(s) to the existing ordinance.

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**CERTIFICATION OF THE APPLICATION  
TO AMEND THE  
CITY OF INKSTER'S ZONING ORDINANCE**

STATE OF MICHIGAN            )  
  ) SS  
COUNTY OF WAYNE            )

The undersigned, being first duly sworn deposes and says that the foregoing statements and answers contained and accompanied information and data are in all respects true and correct to the best of his/her knowledge or belief.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name and title of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
State

My commission expires: \_\_\_\_\_

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**APPLICATION TO AMEND  
THE CITY OF INKSTER'S ZONING ORDINANCE**

**AGENT AUTHORIZATION FORM**

I am authorizing \_\_\_\_\_ to act as my agent or on my behalf for the purpose of:

\_\_\_\_\_  
\_\_\_\_\_.

I certify or declare under penalty of perjury under the laws of the State of Michigan that the foregoing is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name and title of applicant

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Printed name and title of agent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
State

My commission expires: \_\_\_\_\_.

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