



Forms, Procedures, & Fee Schedule Zoning, Sign, & Vacation Proposals City of Jackson, Michigan

forms included

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April 2008 Edition

Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals

Contact Information

1st Contact for
all Zoning Proposals

City Building Inspection Staff
Community Development Department
City Hall, 3rd floor
161 W. Michigan Avenue
Jackson, MI 49201
517.788.4060 (phone)
517.780.4781 (fax)

1st Contact for
all Street & Alley Vacations

Angella Arnold, Assistant City Clerk
City Hall, 1st floor
161 W. Michigan Avenue
Jackson, MI 49201
517.768.6365 (phone)
517.788.4651 (fax)

Reviewer of

*District Changes, Planned Unit Developments,
Conditional Use Permits, Site Plan Reviews,
Class A Non-Conforming Use Designations
and Alley & Street Vacations*

Grant E. Bauman, R2PC Principal Planner
Jackson County Tower Building, 9th floor
120 W. Michigan Avenue
Jackson, MI 49201
517.768.6711 (phone)
517.788.4635 (fax)

Reviewer of

Zoning & Sign Ordinance Appeals & Interpretations

Tim Anderson, R2PC Principal Planner
Jackson County Tower Building, 9th floor
120 W. Michigan Avenue
Jackson, MI 49201
(517) 768-6703 (phone)
517.788.4635 (fax)

Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals

Fee Schedule

District Changes (Rezoning):

Rezoning property to an R-1 or R-2 District	\$230.00
<i>Plus, each acre or portion thereof</i>	<i>\$25.00</i>
Rezoning Property to an R-2, R-3, R-4, R-5 or R-6 District.....	\$230.00
<i>Plus, each acre or portion thereof</i>	<i>\$40.00</i>
Rezoning property to C-1, C-2, C-3, C-4, I-1 or I-2	\$305.00
<i>Plus, each acre or portion thereof</i>	<i>\$75.00</i>
Text amendment	\$230.00



Planned Unit Developments:

Planned Unit Development Developments.....	\$230.00
<i>Plus, each acre or portion thereof</i>	<i>\$40.00</i>
Planned Unit Residential Developments	\$230.00
<i>Plus, each acre or portion thereof</i>	<i>\$40.00</i>
Planned Building Group Shopping Centers.....	\$305.00
<i>Plus, each acre or portion thereof</i>	<i>\$75.00</i>



Conditional Use Permits:

Conditional Use Permit request.....	\$200.00
<i>Plus, each acre or portion thereof</i>	<i>\$40.00</i>
Amendment of a Conditional Use Permit	\$160.00



Site Plan Reviews:

Based Upon the Square Footage of Building(s):

0 - 2,500 sq ft	\$115.00
2,501 - 5,000 sq ft	\$150.00
5,001 - 10,000 sq ft	\$230.00
10,001 - 15,000 sq ft	\$310.00
15,001 - 25,000 sq ft	\$380.00
25,001 - 35,000 sq ft	\$460.00
35,001 - 50,000 sq ft	\$530.00
50,001 - 65,000 sq ft	\$610.00
65,001 - above sq ft	\$765.00
Amendment of a Site Plan.....	\$150.00



Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals

Class A Non-Conforming Use Designations:

Non-Conforming Use Designation Request\$200.00



Appeals from Zoning Decisions:

Appeals in a R-1 District.....\$165.00

Appeals in a R-2, R-3, R-4, R-5 or R-6 District.....\$225.00

Appeals in a C-1, C-2, C-3, C-4, I-1 or I-2 District\$300.00

Interpretations of the Zoning Text or Map\$115.00



Appeals from Signage Decisions:

Appeals in a R-1, R-2, or R-5 District\$85.00

Appeals in a R-3, R-4, or R-6 District\$115.00

Appeals in a C-1, C-2, C-3, C-4, PB, I-1 or I-2 District\$150.00

Interpretations of the Signage Text or Map\$65.00

Special Meeting.....\$65.00

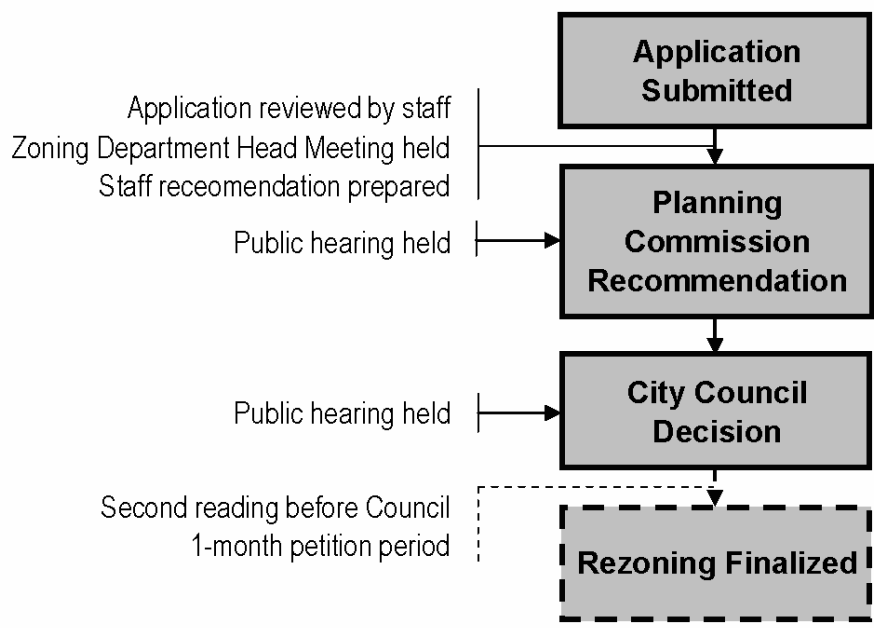


Street and Alley Vacations:

Alley Vacations.....No Fee

Street Vacations.....No Fee

**Review Process
District Change (Rezoning)**



Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals



**Application for District Change (Rezoning)
Before the City Planning Commission
City of Jackson, Michigan**

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____
	To be filled out by R2PC Staff	To be filled out by R2PC Staff

2. _____
Name(s)

_____ Street Address
_____, _____ (_____) _____ - _____ Owners Occupants Buyers
City State Zip Phone Number Status of the Applicant* (Circle One)

of the property located at: _____ , _____
Street Address Zip Code

property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on the following change of zoning as provided in §28-183 of the Zoning Ordinance:

3. Current zoning: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2 PUDD
Circle One
Proposed zoning: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2
Circle One

The proposed use is: _____

5. I certify that the information provided above is correct to the best of my belief and knowledge.

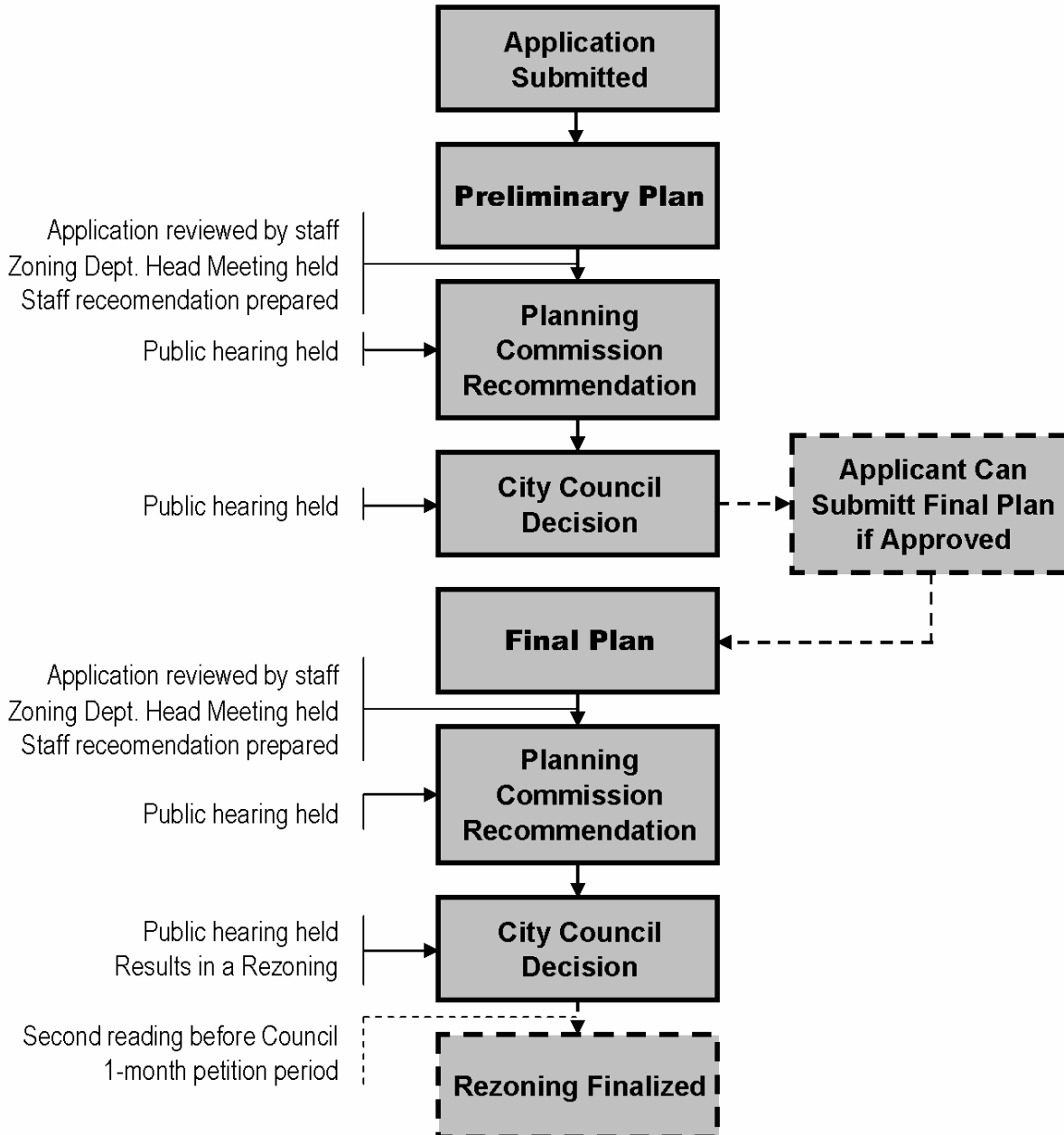
Name & Title	Name & Title
Signature	Signature

6. City Clerk Use Only:
Date: _____ / _____ / _____ Fee: \$ _____ Receipt #: _____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals

**Review Process
Planned Unit Development
(PUDD, PURD, & PB)**



Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals



**Application for Planned Unit Development District
Before the City Planning Commission
City of Jackson, Michigan**

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____
	To be filled out by R2PC Staff	To be filled out by R2PC Staff

2. _____
Name(s)

_____ Street Address
_____, _____ (_____) _____ - _____
City State Zip Phone Number

Owners Occupants Buyers

Status of the Applicant (Circle One)*

of the property located at: _____, _____
Street Address Zip Code

property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a Planned Unit Development District as provided in §28-48 of the Zoning Ordinance:

3. Property zoning: **R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2**
Circle One

The proposed development can be described as: _____

4. A preliminary site plan and documentation meeting the requirements of §28-48(f) of the Zoning Ordinance, including an appropriate scale, shall be submitted showing the subject property and adjacent properties. A final site plan meeting the requirements of §28-48(g) of the Zoning Ordinance will be required at a later time.

5. I certify that the information provided above is correct to the best of my belief and knowledge.

Name & Title	Name & Title
Signature	Signature

6. City Clerk Use Only:	Date: _____ / _____ / _____	Fee: \$ _____	Receipt #: _____
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* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals



Application for Planned Unit Residential Development Before the City Planning Commission City of Jackson, Michigan

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____	
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>	

2. _____
Name(s)

Street Address

_____ , _____ (_____) _____ - _____ **Owners Occupants Buyers**
City *State* *Zip* *Phone Number* *Status of the Applicant* (Circle One)*

of the property located at: _____ , _____
Street Address *Zip Code*

property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a residential planned unit development as provided in §28-137 of the Zoning Ordinance:

3. Property zoning: **R-1 R-2 R-3 R-4 R-5 R-6**
Circle One

The proposed development can be described as: _____

4. A preliminary site plan and documentation meeting the requirements of §28-141(a) of the Zoning Ordinance, including an appropriate scale, shall be submitted showing the subject property and adjacent properties. A final site plan meeting the requirements of §28-141(b) of the Zoning Ordinance will be required at a later time.

5. I certify that the information provided above is correct to the best of my belief and knowledge.

_____	_____
<i>Name & Title</i>	<i>Name & Title</i>
_____	_____
<i>Signature</i>	<i>Signature</i>

6. City Clerk Use Only:	Date: _____ / _____ / _____	Fee: \$ _____	Receipt #: _____
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* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.



**Application for Planned Building Group Shopping Center
Before the City Planning Commission
City of Jackson, Michigan**

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____
<i>To be filled out by R2PC Staff</i>		<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ Street Address
_____, _____ (_____) _____ - _____ Owners Occupants Buyers
City State Zip Phone Number Status of the Applicant* (Circle One)

of the property located at: _____, _____
Street Address Zip Code

property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a Planned Building Group Shopping Center as provided in §28-153 of the Zoning Ordinance:

3. Property zoning: C-1 C-2 C-3 C-4
Circle One

The proposed development can be described as: _____

4. A preliminary site plan and documentation meeting the requirements of §28-154 and -155 of the Zoning Ordinance, including an appropriate scale, shall be submitted showing the subject property and adjacent properties. A final site plan meeting the requirements of §28-156 of the Zoning Ordinance will be required at a later time.

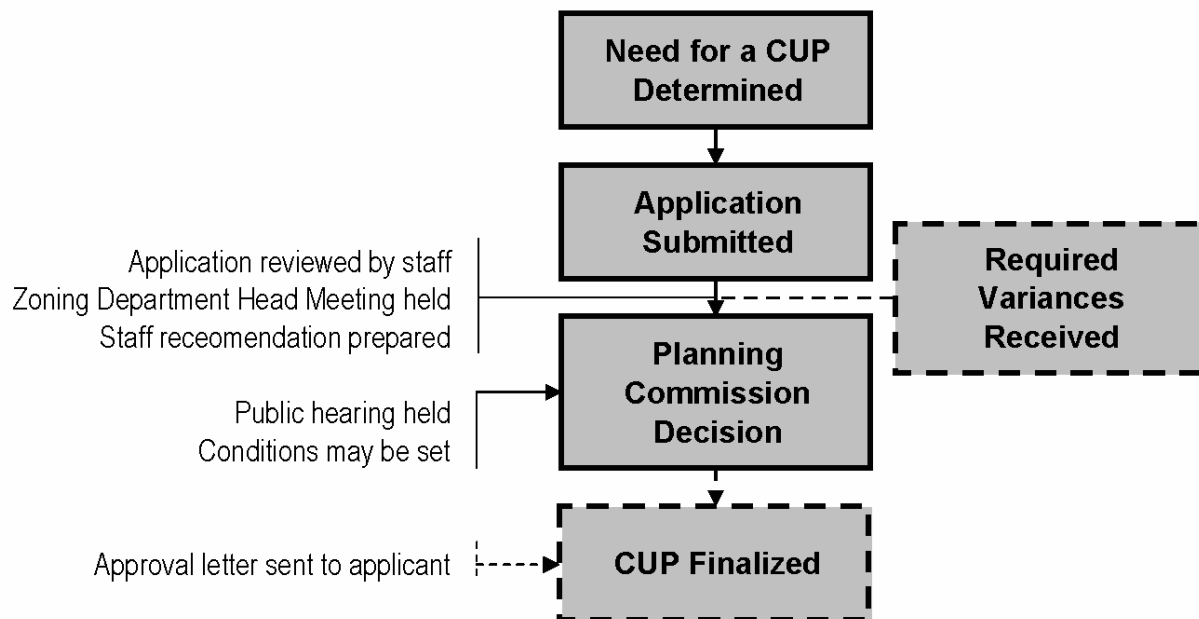
5. I certify that the information provided above is correct to the best of my belief and knowledge.

<i>Name & Title</i>	<i>Name & Title</i>
<i>Signature</i>	<i>Signature</i>

6. City Clerk Use Only:	Date: _____ / _____ / _____	Fee: \$ _____	Receipt #: _____
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* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

**Review Process
Conditional Use Permit (CUP)**





**Application for Conditional Use
Before the City Planning Commission
City of Jackson, Michigan**

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

Street Address

<i>City</i>	<i>State</i>	<i>Zip</i>	<i>()</i>	<i>Phone Number</i>	<i>Owners</i>	<i>Occupants</i>	<i>Buyers</i>	<i>Status of the Applicant* (Circle One)</i>		

of the property located at: _____ , _____
Street Address *Zip Code*

property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a Conditional Use as provided in §28-146 of the Zoning Ordinance:

3. Property zoning: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2
Circle One

The following Conditional Use is being requested: [§28-71 (_____)] _____

4. A site plan meeting the requirements of §28-152(5) of the Zoning Ordinance, including an appropriate scale, shall be submitted showing the subject property and adjacent properties. The site plan shall show the location of the property of the proposed use as it meets the requirements of the Zoning Ordinance.

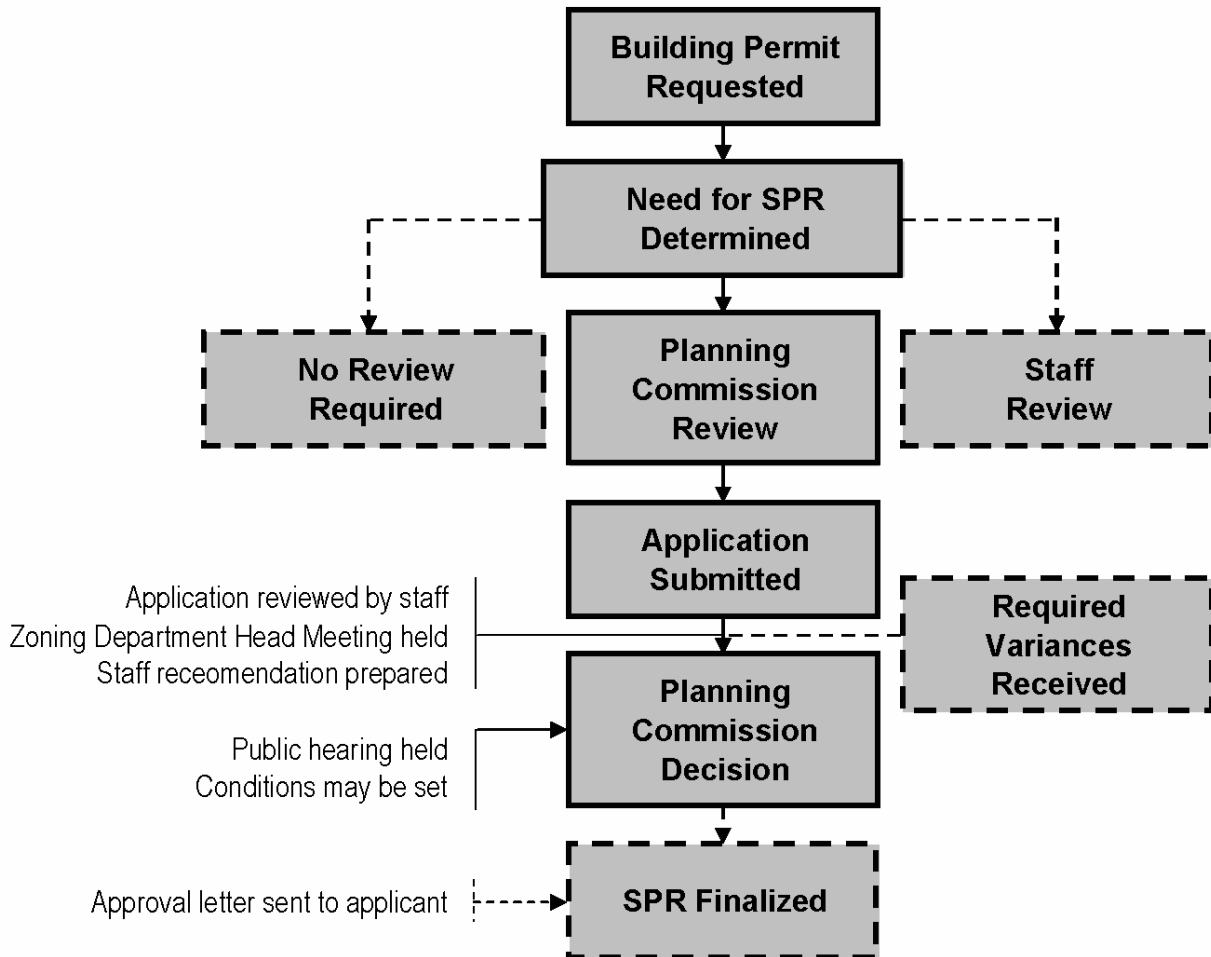
5. I certify that the information provided above is correct to the best of my belief and knowledge.

<i>Name & Title</i>	<i>Name & Title</i>
<i>Signature</i>	<i>Signature</i>

6. City Clerk Use Only:	Date: _____ / _____ / _____	Fee: \$ _____	Receipt #: _____
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* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

**Review Process
Site Plan Review (SPR)**





Application for Site Plan Review Before the City Planning Commission City of Jackson, Michigan

1. Application	PC _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ *Street Address*
 _____, _____ (_____) _____ - _____ **Owners Occupants Buyers**
City *State* *Zip* *Phone Number* *Status of the Applicant* (Circle One)*

of the property located at: _____, _____
Street Address *Zip Code*

Property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a Site Plan as provided in §28-152 of the Zoning Ordinance:

3. Property zoning: **R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2**
Circle One

A site plan for the following use is being requested: _____

4. A site plan meeting the requirements of §28-152(5) of the Zoning Ordinance, including an appropriate scale, shall be submitted showing the subject property and adjacent properties. The Site Plan shall show the location of the property of the proposed use as it meets the requirements of the Zoning Ordinance.

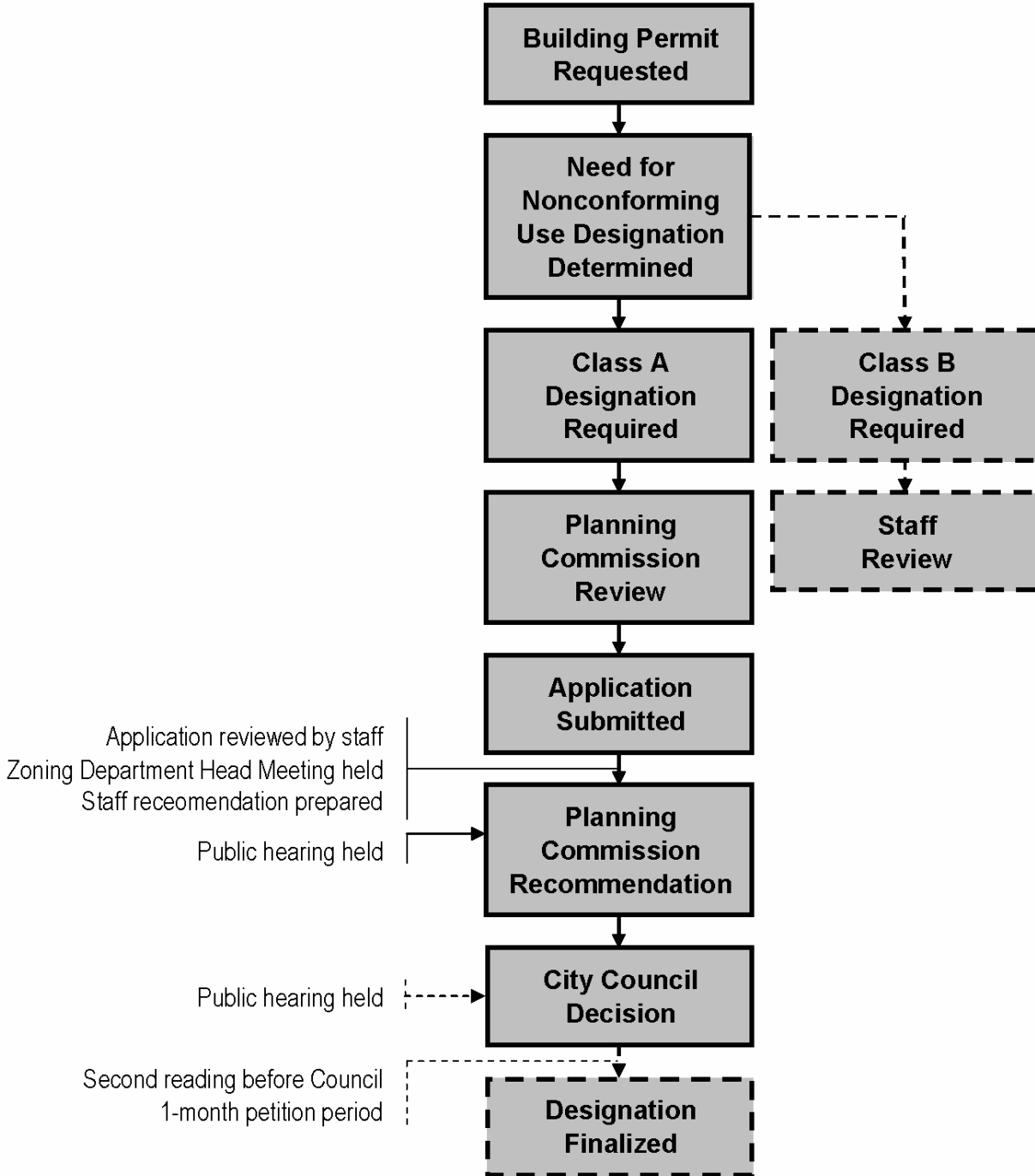
5. I certify that the information provided above is correct to the best of my belief and knowledge.

<i>Name & Title</i>	<i>Name & Title</i>
<i>Signature</i>	<i>Signature</i>

6. City Clerk Use Only:	Date: _____ / _____ / _____	Fee: \$ _____	Receipt #: _____
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* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

Review Process
Class A Nonconforming Use Designation





**Application for Class A Non-Conforming Use
Before the City Planning Commission
City of Jackson, Michigan**

1. Application PC _____ - _____ Date Filed: _____ / _____ / _____
To be filled out by R2PC Staff To be filled out by R2PC Staff

2. _____
Name(s)

_____ Street Address
 _____, _____ (_____) _____ - _____ **Owners Occupants Buyers**
City State Zip Phone Number Status of the Applicant* (Circle One)

of the property located at: _____, _____
Street Address Zip Code

Property identification #: _____

I (we) respectfully request a determination be made by the City Planning Commission on a legal non-conforming use as provided in §28-123 of the Zoning Ordinance:

3. Property zoning: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2
Circle One

The following Class A Non-Conforming Use is being requested:

4. A description shall be submitted stating the normal hours of business, the number of employees, and the impact it will have on the neighborhood in comparison to the existing or abandoned legal non-conforming use.

5. A site plan meeting the requirements of §28-123(b)(1) of the Zoning Ordinance.

6. I certify that the information provided above is correct to the best of my belief and knowledge.

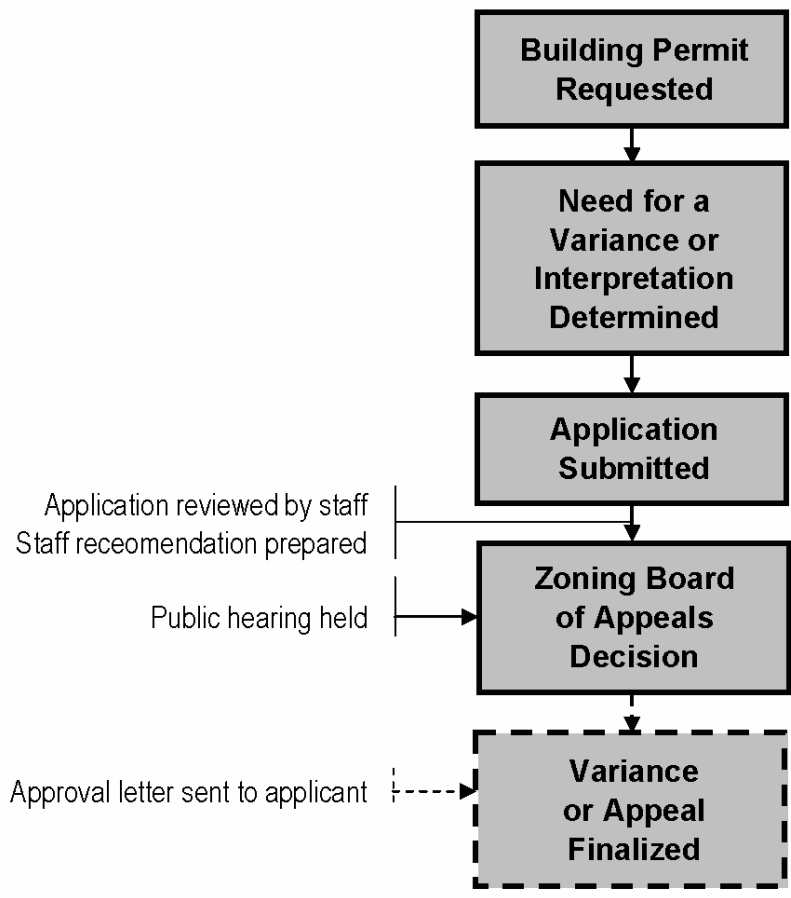
Name & Title _____
Name & Title

Signature _____
Signature

7. **City Clerk Use Only:**
 Date: _____ / _____ / _____ Fee: \$ _____ Receipt #: _____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

**Review Process
Variance or Interpretation
Zoning & Sign Ordinances**





Appeal from a Zoning Decision (Variance)
Before the Zoning Board of Appeals
City of Jackson, Michigan

1. Application	ZB _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ *Street Address*
 _____ , _____ (_____) _____ - _____ **Owners Occupants Buyers**
City *State* *Zip* *Phone Number* *Status of the Applicant* (Circle One)*

of the property located at: _____ , _____
Street Address *Zip Code*

Property identification #: _____

I (we) respectfully request a determination be made by the Zoning Board of Appeals concerning the denial of a Zoning Permit as provided in §28-239 of the Zoning Ordinance:

3. Property zoning: **R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2**
Circle One

4. The following variance is requested: [§28- _____] _____

5. The following exceptional conditions apply to this property and distinguish it from other properties or classes of uses in the surrounding areas: _____

6. The following substantial property rights will be denied if this petition is not granted:

7. I (we) believe that authorization of this request will not be of substantial detriment to adjacent property and will not impair the purposes of the Zoning Ordinance or the public interest; and understand that granting of this request shall in no manner or guise be construed to mean a change of use, but shall mean only a variation or modification from provisions of the Zoning Ordinance.

8. The PLOT MAP of the premises which has been drawn on this page (or is attached) contains all of the necessary dimensions to describe this application.

9. I certify that the information provided above is correct to the best of my belief and knowledge.

Name & Title

Name & Title

Signature

Signature

10. Signature of the Title of Review Official, City of Jackson Inspection Department

Name & Title

() -

Telephone Number

Signature

11. City Clerk Use Only:
Date: ____ / ____ / ____ Fee: \$ ____ Receipt #: ____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.



**Interpretation of the Zoning Text or Map
Before the Zoning Board of Appeals
City of Jackson, Michigan**

1. Application	ZB _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ *Street Address*
 _____ , _____ (_____) _____ - _____ **Owners Occupants Buyers**
City *State* *Zip* *Phone Number* *Status of the Applicant* (Circle One)*

of the property located at: _____ , _____
Street Address *Zip Code*

Property identification #: _____

I (we) respectfully request an interpretation of the zoning text or map by the Zoning Board of Appeals as provided in §28-240 of the Zoning Ordinance:

3. Property zoning: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2
Circle One

4. The following interpretation is requested: [§28- _____] _____

5. The following exceptional conditions apply to this property and distinguish it from other properties or classes of uses in the surrounding areas: _____

6. The following substantial property rights will be denied if this petition is not granted: _____

7. I (we) believe that authorization of this request will not be of substantial detriment to adjacent property and will not impair the purposes of the Zoning Ordinance or the public interest; and understand that granting of this request shall in no manner or guise be construed to mean a change of use, but shall mean only a variation or modification from provisions of the Zoning Ordinance.

8. The PLOT MAP of the premises which has been drawn on this page (or is attached) contains all of the necessary dimensions to describe this application.

9. I certify that the information provided above is correct to the best of my belief and knowledge.

Name & Title

Name & Title

Signature

Signature

10. Signature of the Title of Review Official, City of Jackson Inspection Department

Name & Title

() -

Telephone Number

Signature

11. City Clerk Use Only:
Date: ____ / ____ / ____ Fee: \$ ____ Receipt #: ____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.



Appeal from a Signage Decision (Variance) Before the Sign Board of Appeals City of Jackson, Michigan

1. Application	SB _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ *Street Address*

_____, _____ (_____) _____ - _____ **Owners Occupants Buyers**

City State Zip Phone Number Status of the Applicant (Circle One)*

of the property located at: _____ , _____

Street Address Zip Code

Property identification #: _____

I (we) respectfully request a determination be made by the City Sign Board of Appeals concerning the denial of a Zoning Permit as provided in § 21.5-31 of the Sign Ordinance

3. Signage District: **R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2 PUDD**

Circle One

4. The following determination is being requested: [§21.5- _____] _____

5. The following exceptional conditions apply to this property and distinguish it from other properties or classes of uses in the surrounding areas: _____

6. The following substantial property rights will be denied if this petition is not granted: _____

7. I (we) believe that authorization of this request will not be of substantial detriment to adjacent property and will not impair the purposes of the Sign Ordinance or the public interest; and understand that granting of this request shall in no manner or guise be construed to mean a change of use, but shall mean only a variation or modification from provisions of the Sign Ordinance.

- 8. The PLOT MAP of the premises which has been drawn on the reverse of this page (or is attached) contains all of the necessary dimensions to describe this application.
- 9. I certify that the information provided above is correct to the best of my belief and knowledge.

Name & Title

Name & Title

Signature

Signature

- 10. Signature of the Title of Review Official, City of Jackson Inspection Department

Name & Title

() -
Telephone Number

Signature

11. **City Clerk Use Only:**
 Date: ___ / ___ / ___ Fee: \$ _____ Receipt #: _____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.



**Interpretation of the Signage Text or Map
Before the Sign Board of Appeals
City of Jackson, Michigan**

1. Application	SB _____ - _____	Date Filed: _____ / _____ / _____
	<i>To be filled out by R2PC Staff</i>	<i>To be filled out by R2PC Staff</i>

2. _____
Name(s)

_____ *Street Address*

 _____ , _____ (_____) _____ - _____ **Owners Occupants Buyers**
City *State* *Zip* *Phone Number* *Status of the Applicant* (Circle One)*

of the property located at: _____ , _____
Street Address *Zip Code*

Property identification #: _____

I (we) respectfully request an interpretation of the signage text be made by the City Sign Board of Appeals as provided in § 21.5-32 of the Sign Ordinance

3. Signage District: R-1 R-2 R-3 R-4 R-5 R-6 C-1 C-2 C-3 C-4 I-1 I-2 PUDD
Circle One

4. The following determination is being requested: [§21.5- _____] _____

5. The following exceptional conditions apply to this property and distinguish it from other properties or classes of uses in the surrounding areas: _____

6. The following substantial property rights will be denied if this petition is not granted:

7. I (we) believe that authorization of this request will not be of substantial detriment to adjacent property and will not impair the purposes of the Sign Ordinance or the public interest; and understand that granting of this request shall in no manner or guise be construed to mean a change of use, but shall mean only a variation or modification from provisions of the Sign Ordinance.

8. The PLOT MAP of the premises which has been drawn on the reverse of this page (or is attached) contains all of the necessary dimensions to describe this application.
9. I certify that the information provided above is correct to the best of my belief and knowledge.

Name & Title

Name & Title

Signature

Signature

10. Signature of the Title of Review Official, City of Jackson Inspection Department

Name & Title

() _____
Telephone Number

Signature

11. City Clerk Use Only:

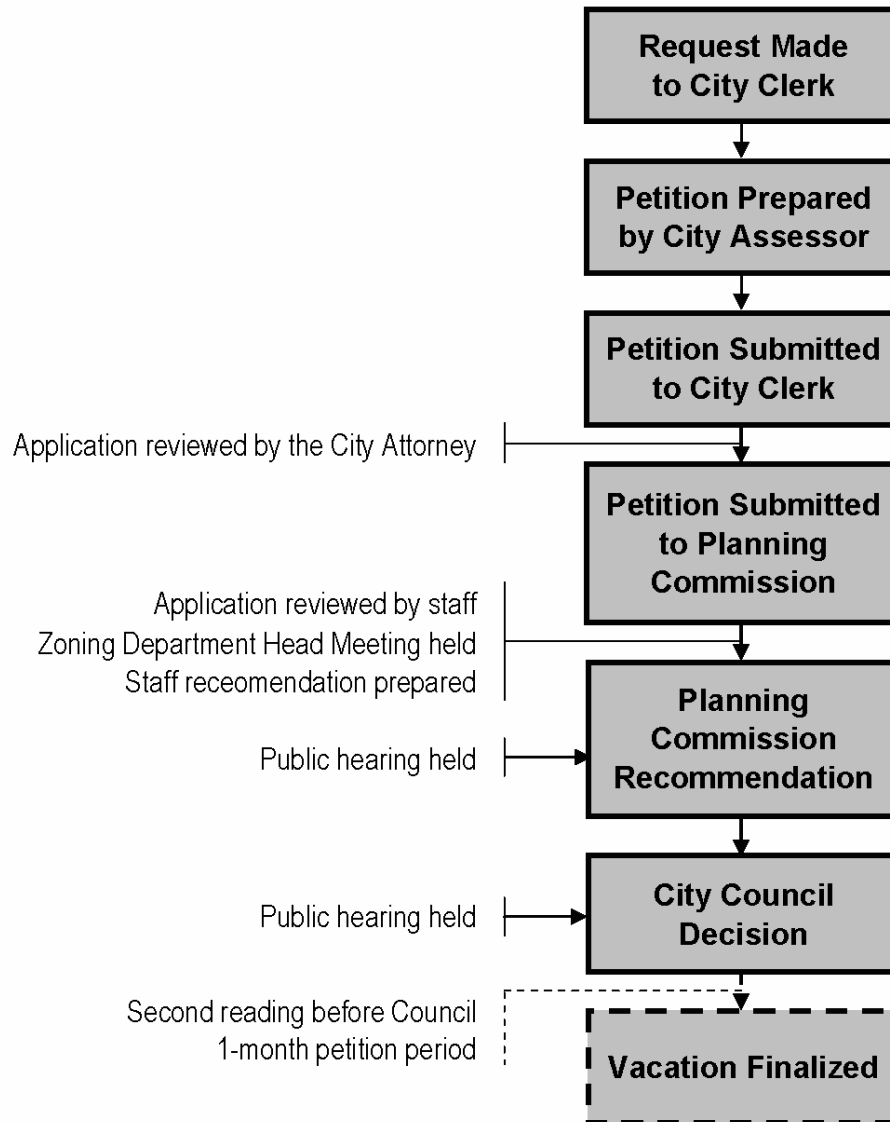
Date: ___/___/___

Fee: \$

Receipt #: _____

* If the applicant is not the owner of the property, a letter of consent from the property owner must accompany this application.

**Review Process
Alley/Street Vacation (closing)**



Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals



Procedure for Street and Alley Vacations (Closings)

Before the City Planning Commission City of Jackson, Michigan

Please be informed that in order for the City Council to vacate a street or alley a petition to do so must be circulated. The following information must be provided on the petition. It is suggested that the petition circulator follow the steps that are set forth below:

1. Visit the City Assessor's office on the 5th floor of City Hall. The Assessor's office will:
 - a. Determine if the street/alley is public or private. If the street/alley is private, no City Council action is required.
 - b. Prepare and place the legal description on a petition.
 - c. Provide the petition circulator with a listing of all title owners of record for each lot or parcel abutting the street or alley to be vacated, including the names of any land contract purchasers of record, and a copy of a plat map showing the affected properties. (Completion of this process may take a few days.)
 - d. Provide the City Attorney's office with copies of the above listing and map.
2. Review the records of the Jackson County Register of Deeds to confirm that the names of persons with interest in the affected parcels, as supplied by the City Assessor's office, are complete and accurate. In lieu of searching the records, the petition circulator may wish to request a search by a title company. There will be a charge for this service. (FAILURE TO LIST ALL PERSONS WITH INTEREST IN THE AFFECTED PROPERTIES MAY INVALIDATE THE PETITION.)
3. Obtain the signatures of each of the persons listed in the above-described records on the petition provided.
 - a. Signatures must be in the name of each individual with an interest; i.e., Jane Doe and John Doe, not Mr. and Mrs. John Doe.
 - b. Corporations must be signed for by the Chief Executive Officer or authorized person.
4. File the completed petition with the City Clerk's office.

The following steps will then be taken by the City of Jackson once the petition is filed with the City Clerk's office:

1. The City Clerk will place the petition on the City Council agenda for receipt and referral to staff.
2. The petition will be reviewed by the City Attorney's office to verify its legality, then forwarded to the City Planning Commission.

Forms, Procedures, & Fee Schedule — Zoning, Sign, & Vacation Proposals

3. The City Planning Commission staff will conduct their investigation and make a recommendation to the City Planning Commission who will consider the petition.
4. The City Clerk's office will receive the recommendation from the City Planning Commission, prepare a resolution, and place the item on the City Council agenda for consideration.

If there are any questions regarding this procedure, please contact the City Attorney's office at 517.788.4050.

Any Vacation by the City of Jackson will be subject to a reservation of utility rights-of-way in the street or alley. Therefore, any building or structure erected may not be permitted if it infringes upon the utility rights-of-way. Further, if you plan to erect a building or structure on a vacated street or alley, make certain that it complies with the City's Zoning Ordinance.