

KASSON TOWNSHIP, LEELANAU COUNTY

PETITION FOR REZONING

PETITIONER(S)

Name New Cass, LLC Phone Number 231-947-7900
Street Address 4033 Eastern Sky Drive P.O. Box
City Traverse City State Michigan Zip Code 49684

Petitioner's Interest/Relationship in the Property if other than Owner:
Land Contract Option Other

OWNER(S) IF OTHER THAN PETITIONER

Name Phone Number
Street Address P.O. Box
City State Zip Code

PT NW 1/4 SEC 2 COM NW COR SD SEC TH S 01 DEG 51'11" W 2095.23 FT TO POB TH CONT S 01 DEG 51'11" W 131.54 FT T
H N 89 DEG 48'36" E 104.36 FT TH N 04 DEG 48'43" E 2.14 FT TH S 84 DEG 51'11" E 555.43 FT TH N 01 DEG 51'11" E 138.12 FT
TH N 86 DEG 27'12" W 659.20 FT TO POB SEC 2 T28N R13W 1.97 A M/L 2021 SPLIT FROM 007-002-007-00 & 007-002-013-00

LOCATION OF PROPERTY

Section (s) , T N; R W, Kasson Township, Leelanau County, Michigan SEE LEGAL ABOVE

LEGAL DESCRIPTION

Property Tax Number(s) 007-002-013-01

Attach a full legal description of the property proposed for rezoning. (A copy of the deed/land contract is acceptable.) SEE LEGAL ABOVE

REQUIRED ATTACHMENTS

- A. Attach a fully dimensioned map or drawing showing the following:
1. The boundaries of the property in question.
2. All existing buildings and structures on the property and on adjacent properties within 100 feet of the property boundaries - and identify their present use.
3. All proposed buildings and structures to be constructed on the property and identify their proposed use.
4. All natural features such as creeks, streams, lake shores, topography (steep terrain, pot holes, gullies, ravines), soils, or wooded areas.
5. All existing or proposed rights-of-way, and their names and widths.
6. Indicate and dimension all setbacks, parking lots or spaces, driveways and landscaping.

- B. Attach a list of names and addresses of all property owners within 300 feet of the property proposed for rezoning.
- C. Attach any photographs or additional drawings which can assist in clarifying the petition.

REASONS FOR THE PROPOSED REZONING FROM Medium and Small Lot SF:MF  
 (Current Zoning) TO Mixed Use Commercial Core (Proposed Zoning)

Provide a full statement of reasons for the rezoning. \_\_\_\_\_  
 See attached

(If space provided is not sufficient, please attach separate a sheet with additional comments).

PREVIOUS ACTIONS/PETITIONS (If applicable)

Provide a statement of all previous petitions involving the subject property and the actions taken. None known

Signature of Applicant (s) DocuSigned by:  
*Bob Sutherland*  
8A33F7AE41F3438... Date March 5, 2024

Signature of Owner (s) \_\_\_\_\_ Date \_\_\_\_\_  
 If other than Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Land Contract Vendor (s) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

Required fee to be submitted with each application.

If you have any questions or need assistance in completing this form, please contact:  
 Zoning Administrator: Tim Cypher 231-360-2557 or tim@allpermits.com