

Title: Zoning Board of Appeals Application

Effective: 7/2007

Category: Form

Source: Superintendent

Pages: 1 of 4

**Charter Township of AuSable**

311 Fifth Street

AuSable, Michigan 48750

Office: (989) 739-9169 / Fax (989) 739-0696

e-mail: hall@ausabletownship.net / website: www.ausabletownship.net

**NOTICE of APPEAL**

**To the**

**ZONING BOARD of APPEALS**

AuSable Charter Township, Iosco County, Michigan

(Use for Ordinance or Map Interpretation, Variance, or Appeal of and Administrative Decision: See Article 4)

(All references to "Section" and "Article" refer to the AuSable Charter Township Zoning Ordinance)

*Important Notice to Applicants: 8 copies of this appeal must be completed in full and submitted to the Zoning Administrator. All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is \_\_\_\_\_.*

**FEE \$325.00**

Name and Address of Property Owner:

Applicant's interest in Property: (Circle appropriate response):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner    Lessee    Option to Buy    Other \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_

Name and Address (If different than property owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR TOWNSHIP USE ONLY**

Appeal Number: \_\_\_\_\_

Special Note: \_\_\_\_\_

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

Date: \_\_\_\_\_ Comment: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

\_\_\_\_\_

Fee Received: \_\_\_\_\_

\_\_\_\_\_

Fee Receipt Number: \_\_\_\_\_

\_\_\_\_\_

Zoning Board of Appeals: \_\_\_\_\_

\_\_\_\_\_

Application Received by ZBA (date): \_\_\_\_\_

\_\_\_\_\_

ZBA Hearing Date: \_\_\_\_\_

\_\_\_\_\_

Action taken on (date): \_\_\_\_\_ (summarize below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Superintendent

Date

**PART 1: ACTION REQUESTED**

**(This part is to be completed for all requests)**

I (we), the undersigned, request a hearing before the AuSable Charter Township Board of Appeals for the purpose indicated below (circle the appropriate purpose):

Ordinance Text or  
Map Interpretation

Variance

Appeal from an  
Administrative Decision

**PART 2: REQUEST for VARIANCE from the REQUIREMENTS of the ZONING ORDINANCE**

**(This part is to be completed for variance requests only. See Section 4.05 (c))**

- A. State specifically the variance being requested (such as a 5 foot reduction on side yard setback 20%. reduction in parking spaces. etc).
  
- B. Describe the peculiar or unusual characteristics of your property, which require the granting of a variance.
 

_____too narrow	_____elevation	_____soil
_____too small	_____slope	_____subscribe
_____too shallow	_____shape	_____other (please specify)
  
- C. State exactly what is intended to be done on the property, which necessitates a variance from the Zoning Ordinance.
  
- D. Justification for granting the requested variance. Answer the following questions (See Section 4.05 (c)).
  - 1. Are there any practical difficulties or unnecessary hardships, which prevent carrying out the strict letter of this Ordinance?
  
  - 2. Does a genuine hardship exist because of unique circumstances or physical conditions such as narrowness, shallowness, shape or topography of the property involved, or to the intended use of the property, that do not generally apply to other property or uses in the same zoning district, and shall not be recurrent in nature?
  
  - 3. Did the hardship or special conditions or circumstances result from actions of the applicant? If so how?
  
  - 4. Will the variance relate to property under control of the applicant?
  
  - 5. Will the variance be in harmony with the general purpose and intent of this Ordinance and not cause a substantial adverse affect upon surrounding property, property values, and the use and enjoyment of property in the neighborhood or district?
  
  - 6. Will strict compliance with ordinance requirements unreasonably prevent the applicant from using the property for a permitted purpose, or render conformity unnecessarily burdensome?

7. Is the variance requested the minimum amount necessary to overcome the inequity inherent in the particular property or mitigate the hardship?

8. Will the variance permit the establishment, within a zoning district, of any use, which is not permitted by right within that zoning district?

E. Legal description of subject property (attach survey if possible):

F. Address of property:

G. This property is (circle appropriate answer): unplatted or platted

If platted, name of plat: \_\_\_\_\_

H. Present use of the property is:

I. Existing zoning classification of the property: \_\_\_\_\_

J. Drawings: Eight (8) copies of a plan drawn to scale of 1 inch = 100 feet must be submitted with this application clearly showing, but not limited to property lines, lot shape and dimensions, proposed and existing building locations and dimensions, parking and yard areas. and features for which a variance is being requested.

**PART 3: INTERPRETATION OF ZONING ORDINANCE OR MAP**  
(This part is to be completed for ordinance interpretation requests only, See Section 4.05(B))

A. The appellant respectfully requests the Board of Appeals make an interpretation of (check off appropriate section):

- The provisions of Section \_\_\_\_\_ of the AuSable Charter Township Zoning Ordinance.  
(SEE Section 4.05 B.1.)
  - The location of distinct boundaries on the Zoning Map as applied to the property described in this application  
(SEE Section 4.05 B.2).
  - Automobile parking (SEE Section 4.05 B.3.)
  - Other, specify (SEE Section 4.05 B.4.): \_\_\_\_\_
- 

B. Please Describe in detail the nature of the problem to be interpreted and the reason for the request.

**PART 4: APPEAL from ADMINISTRATIVE DECISION**

**(This part is to be completed only for appeals of an administrative decision. See Section 4.05(A))**

- A. The appellant respectfully requests the Board of Appeals to reverse or modify the administrative decision of the Zoning Administrator/Planning Commission/Township Board (circle as applicable) made on \_\_\_\_\_ (date) regarding Application No. \_\_\_\_\_ (Attach a copy of the decision).

Reversal or modification requested:

Reasoning for reversal or modification of decision:

**PART 5: AFFIDAVIT**

**(This part is to be completed for all requests)**

I (we) the undersigned acknowledge that if a variance is granted, or other decisions favorable to the undersigned are rendered upon this appeal, the said decision does not relieve me (us) from compliance with all other provisions of the AuSable Charter Township Zoning Ordinance. I (we) the undersigned, affirm that the answers, statements, and information contained herein are in all respects true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Appellant(s) signature(s)

\_\_\_\_\_  
Date