

BURT TOWNSHIP

ZBA Hearing/Variance Application

Parcel I.D. Number: _____ Date rec'd: _____

Zoning Administrator: James J Larson, 4099 East Burt Lake Rd, Cheboygan, MI 49721 Phone 231-420-2206 jlarsen@burttownship.org

ACTION REQUESTED: (check one)

____ VARIANCE: To grant a variance to certain dimensional requirements of the zoning ordinance. Specify the section and specific regulations a variance is being sought from:

____ APPEAL: To appeal an action of the Zoning Administrator/Planning Commission:

____ INTERPRETATION

____ ZONING TEXT- To interpret a particular section of the zoning ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation.

Zoning Ordinance Section: _____

____ ZONING MAP- To interpret the zoning map, as it is felt the Zoning Administrator/Planning Commission is not reading the map properly. Describe the portion of the zoning map in question (attach detail maps if applicable): _____

Property Owner:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City, State, Zip	City, State, Zip
Phone:	Phone:

LOCATION OF PROPERTY:

Address: _____ N S E W side of _____ Rd.

Between: _____ & _____

Lot size: _____

Zoning District (see Zoning Ordinance): _____

Is the property a legally existing non-conforming lot of record?	Yes	No
Does present property have any non-conforming uses?	Yes	No
Does present property have any non-conforming structures?	Yes	No

VARIANCE STANDARDS:

The Zoning Board of Appeals shall use the standards stated in ARTICLE VIII, Section 8.01.5 (printed below) in reviewing an application for a dimensional variance.

Variances:

A. Dimensional Variances: The ZBA may grant dimensional variances when the applicant demonstrates in the official record of the hearing that the strict enforcement of this Ordinance would result in practical difficulty. To establish practical difficulty, the applicant must establish all of the following:

- 1) The need for the requested variance is due to unique circumstances or physical conditions of the property involved that do not apply generally to other properties in the surrounding area, such as narrowness, shallowness, shape, water, or topography and is not due to the applicant's personal or economic hardship.
- 2) The need for the requested variance is not the result of action of the property owner or previous property owners (self-created).
- 3) That strict compliance with regulations governing area, setback, frontage, height, bulk, density or other dimensional requirements will unreasonably prevent the property owner from using the property for a permitted purpose, or will render conformity with those regulations unnecessarily burdensome.
- 4) Whether granting the requested variance would do substantial justice to the applicant as well as to other property owners in the district, or whether granting a lesser variance than requested would give a substantial relief to the property owner and be more consistent with justice to other property owners.
- 5) That the requested variance will not cause an adverse impact on surrounding property, property values, or the use and enjoyment of property in the neighborhood or zoning district.

VARIANCE, MAP INTERPRETATION INFORMATION

If you are seeking a variance, or a map interpretation, the follow must be provided:

1. Attach or list all deed restrictions for the property in question. _____Attached
2. Attach a list of names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property in question. _____Attached
3. This area is _____unplatted _____platted _____will be platted.
If platted, name of plat:_____
4. What is the present use of the property?_____
5. Attach a reasonably accurate scale drawing of the property including placement of any existing and proposed structure(s). _____Attached

ATTACH EVIDENCE OF PROPERTY OWNERSHIP

LIST ANY ADJACENT PARCELS UNDER THE SAME OWNERSHIP:

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION:

State specifically the reason for the action requested: _____

____ See attached sheets (if necessary)

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be void. Further I agree, any Appeals Board ruling and subsequent permit that may be issued is with the understanding all applicable sections of the Burt Township Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for Burt Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Burt Township to enter the property subject to this permit application for purposes of inspection. Also I understand any zoning action by the Board of Appeals conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____ Date: _____

Submit to:

James J Larson, Zoning Administrator Burt Township
4099 East Burt Lake Rd Cheboygan, MI 49721
231-420-2206
zoningadmin@burtcheboyganmi.gov

Property lines and proposed uses must be marked on the ground before a permit will be issued. Applicant must notify the Zoning Administrator when property is marked and ready for inspection.

- 1) Completed Application (this document)
- 2) Application fee – Currently \$350.00
- 3) DVD or Thumb-drive (or email <mailto:zoningadmin@burtcheboyganmi.gov>) containing PDF file (Not Photos) of all required documentation with one hard (paper) copy
- 4) A copy of the owners current valid drivers license

Office Use Only: ____Dimensional Variance ____Interpretation ____Appeal Action of PC or ZA

Case # _____

Appeals Board:

Date Received: _____

Action: _____

Fee Received: _____

Date: _____

Check # _____

Hearing Date: _____

Permit #: _____