Township Use Only:
No: _____
Date: _____
Name: _____

STRONACH TOWNSHIP
ZONING BOARD OF APPEALS
2471 Main Street
Stronach, MI 49660

APPLICATION FOR APPEAL

The completed application must be submitted with the non-refundable $500.00 application fee made payable to Stronach Township. If the same is not received, your application will be returned as "incomplete." Appeals must be made within 21 days of the date of a decision (from which an appeal is sought) in order for the appeal to be timely, or the application will be returned as "untimely" and cannot be considered for appeal.

Applicant/person filing appeal:

Name: _____

Address: _____

Home Ph: _____

Work Ph: _____

Cell Ph: _____

Applicant's Interest in the appeal (check one):

□Property owner

□Adjacent property owner

□Other effected individual (Explain: _____)

For the land that is subject to the appeal:

Name, address and phone number of the property owner(s) and any other persons or entities who hold an ownership interest in the property:

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□Same as above

Name: _____
Address: _____
Home Ph: _____
Work Ph: _____
Cell Ph: _____

Address of Land (if known - if new construction, an address will not be known until after the proper zoning permit(s) are issued.) _____

Legal Description to property: _____
_____
_____
_____

(Attach a copy of the deed to the property, along with a recent tax statement for the same.)

Property Identification Number: 51-_____

Zoning District: _____

Deed Restrictions – list any and all deed restrictions and attach copies of the same.
_____
_____
_____

Legal Equitable Interests – list all names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the land: _____
_____
_____
_____
_____

(Attach copies of any and all documentation supporting any such equitable interests held by others.)

Action Requested

□ To interpret a particular section of the Ordinance, Section _____, because Applicant feels that the Ordinance has been misinterpreted.

□ To interpret the zoning map, because Applicant feels that the map has been misinterpreted. (Describe the portion of the zoning map in question and attach detailed information and maps if applicable:_____)

□ To grant a variance to certain requirements of the zoning ordinance (parking, setbacks, lot size, height, floor area, sign regulations, location of accessory buildings, maximum amount of lot coverage, etc.) Specify the section and specific regulations that a variance is being sought from:_____

_____

□ To overturn an action of the Zoning Administrator. The Zoning Administrator erred in the following manner:_____

□ To overturn an action of the Planning Commission. The commission erred in the following manner: _____

□ Other. _____

What is sought in a potential ruling by the Stronach Township Board of Appeals? (Attach additional sheets if necessary) _____

_____

_____

_____

_____

_____

Statement of Justification for Requested Action

State specifically the reason for this demand for appeal request. Attach separate sheets if necessary:_____

_____

_____

_____

_____

_____

_____

Site Plan

As specified in Section 9401 et seq., attach four (4) copies of a site plan hereto.

Initial Ruling

Attach a copy of the initial application concerning this issue and attach the Zoning Administrator or Planning Commission's written ruling on the issue.

Variances

If you are seeking a variance, on a separate attachment, provide answers to the following list of questions, enumerating your answers one (1) through six (6), as listed below, being

specific and detailed in your answers. (Note: If the answer is "no" to any of the following, please note that *a variance will not be granted,* pursuant to Section 9603)

1. Do special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same district? If so, describe in detail.

2. Does the literal interpretation of the provisions of the Zoning Ordinance deprive the applicant of rights commonly enjoyed by other properties in the same district, under the terms of the ordinance? If so, describe in detail.

3. Are the special conditions and circumstances not a result of actions of the applicant or previous owners of the land? If so, describe in detail.

4. Does granting the variance *not* result in altering the essential character of the area? If so, describe in detail.

5. Is the requested variance for a permitted "land use" or a potential "special use" within the respective zoning district? If so, describe in detail.

6. Is the request for a variance intended to allow a use not permissible under the terms of the current Stronach Township Ordinance (and any subsequent amendments in the district involved); or any use (either expressly or by implication) prohibited by the terms of the Stronach Township Ordinance (and any subsequent amendments thereto)? If so, describe in detail.

Platting

Is the subject area:

□Platted (If platted, list name of plat:_____)
□Unplatted
□Will be platted

IF REQUESTED INFORMATION IS NOT ATTACHED AS DESCRIBED, THE WITHIN APPLICATION WILL BE RETURNED TO YOU, MARKED AS "INCOMPLETE" AND WILL NOT BE CONSIDERED BY THE Z.B.A.

YOU MUST ALSO ATTACH THE APPROPRIATE NON-REFUNDABLE FIVE HUNDRED DOLLAR ($500.00)* APPLICATION FEE MADE PAYABLE TO "STRONACH TOWNSHIP" WITH THIS FORM.

BEFORE AN APPEALS HEARING WILL BE SCHEUDLED ON YOUR MATTER, THE APPROPRIATE OFFICIALS WILL DETERMINE WHETHER THE APPLICATION MEETS THE REQUIREMENTS TO BE APPEALED. IF

THE APPEAL IS APPROVED, YOU WILL BE GIVEN NOTICE OF A TIME AND DATE FOR HEARING IN FRONT OF THE ZONING BOARD OF APPEALS WITHIN 30 DAYS. IF THE APPLICATION DOES NOT MEET THE CRITERIA FOR APPEAL, YOU WILL BE NOTIFIED IN WRITING.

(*together with any other reasonable costs incurred in the processing of the appeal, including, but not limited to: professional costs, actual attorney fees, or other out-of-pocket costs as deemed necessary.)

FAILURE TO APPEAR BEFORE THE BOARD AS SCHEDULED SHALL BE JUSTIFIABLE CAUSE FOR A DISMISSAL OF THE APPEAL, WITH NO REFUND OF APPEAL FEES.

I agree that the statements made herein are true to the best of my knowledge, information and belief, and any false or inaccurate information is a basis for any Zoning Board of Appeals rulings issued (as a result of any misrepresentations made by me) to be null and void. Further, I agree that any rulings and subsequent permits issued are with the understanding that all applicable sections of the Stronach Township Zoning Ordinance or Building Code for the State of Michigan will be complied with. I agree to notify the Zoning Administrator and Building Inspector for Stronach Township to arrange the proper inspections before the commencement of any construction. I further agree to mark all locations of proposed uses on the ground in advance of said inspection. I grant any and all Stronach Township or State of Michigan officials to enter onto the premises (without prior notice) regarding any and all matters related hereto. Finally, I understand that any action by the Z.B.A. conveys only land use rights and does not include a representation or conveyance of rights in any other statute, building code, deed restriction or other property rights of anykind or nature.

Signature of <u>all land owners</u> of the subject premises and any other persons or entities who hold an ownership interest:

Dated: _____ _____

Printed Name:

_____

Printed Name:

Return completed application, attachments and appropriate fee to:

Stronach Township Zoning Board of Appeals
c/o: Zoning Administrator
Stronach Township Hall
2471 Main Street
Stronach, MI 49660

[DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY]

Case Number: _____ Date Received by Z.A.: _____

Fee Received: _____ Date Received by Z.B.A.: _____

Hearing Date: _____ Receipt Number: _____

APPEALS BOARD:

Action: _____

_____

_____

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_____

Date: _____ Expiration Date: _____

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