

SOUTH ARM TOWNSHIP ZONING VARIANCE APPLICATION

Date Received _____

Case # _____

Return check payable to South Arm Township & form to Zoning Admin, P.O. Box 304, East Jordan, MI, 49727

1. Owner: Name: _____ Address: _____
Telephone: (daytime): _____ (evening) _____
Applicant if other than owner: _____
Address _____
Telephone _____

2. Describe Variance Request:

3. Legal Description of Property (attach separate sheet if necessary):

Property Tax Code # _____ Zone District: _____
or Subdivision and Lot # _____

Nearest Intersection: _____

4. Address of Property:

5. Attach 6 copies of an accurate drawing of the Site showing all the following:

- a) Property Boundaries, with property line dimensions
- b) Lot location (road names, lakeshore, easements, right-of-ways, topo)
- c) Existing and Proposed Building, with dimensions (indicate height also)
- d) The Distance from the Lot Lines of Each Existing or Proposed Building
- e) Unusual Physical Features of the Site or Building.
- f) Abutting Streets
- g) Approximate Well and Septic Tank, and Field Location.
- g) Other structures and uses within 100 feet of the property.

Applicant must supply seven (7) copies of all maps, drawing, pictures, graphs, etc., in order to inform the board of the type of building or activity, and how it will look when accomplished. This information must be supplied **at least three weeks** prior to the date of hearing.

6. Effect of Request on Applicant – What specific problem(s) would be created to you as petitioner if your request is not granted? What are the unique or exceptional conditions that apply to this property?

7. STANDARDS FOR GRANTING A VARIANCE:

a. How will the granting of the variance not adversely affect the purposes or objectives of the Zoning Ordinance and how will the granting of the variance not be contrary to the public interest?

b. How is the variance necessary for the preservation and enjoyment of a substantial property right possessed by other property in the same zone and vicinity?

c. How will the granting of variance not cause any adverse effect to property in the vicinity or in the Zoning District or in the Township? Will it create any problems or concerns to property in the area?

d. What exceptional or extraordinary circumstances or conditions exist with the property that have not resulted from any act of the applicant?

I understand that if the requested variance is granted, I am in no way relieved from all other applicable requirements of the South Arm Township Zoning Ordinance. It is also understood that any approval by the ZBA involving site improvements, use, and/or construction does not relieve the applicant from obtaining other applicable authorizations (for example, site plan, building, health department, soil erosion, and engineering approval, etc.).

I authorize South Arm Township (staff, appointed board, Trustees, or committee members) to enter upon the subject property for purposes of making inspections related to the project or request identified in this application.

I certify that all the above information in this Zoning Variance Application is accurate to my fullest knowledge.

Owner's Signature: _____ **Date:** _____

Petitioner's Signature
If different than owner: _____ **Date:** _____



Decision and Order of the ZBA:

Signature _____ Date of hearing _____