



BAY TOWNSHIP – CHARLEVOIX COUNTY

05045 Boyne City Road • Boyne City, Michigan 49712

Phone (231) 582-3594

Fax (231) 582-7313

ZONING VARIANCE APPLICATION

DATE RECEIVED: _____ **FEE: \$350.00** **CASE NUMBER:** _____

Please contact the Zoning Administrator, Ron Van Zee, at (231) 497-4701 with any questions.

Application must be received by the end of the month to be heard at the next month's Zoning Board of Appeals meeting on the third Monday of the month.

Applicant shall submit six copies of a drawing on the attached grid sheet or a separate sheet of paper showing the following:

- Lot location (road names, lakeshore, streams, easements, rights-of-way, unusual topographic features)
- Lot dimensions
- Location and dimensions (including height) of existing and proposed structure(s)
- Distance between structure(s) and front, rear, and side lot lines
- Location of driveway giving distance to nearest side lot line
- Locations of well, septic tank and drain field
- Other structures and uses within 100-FT of the property

Note: Applicant must supply maps, drawings, etc. in order to inform the Zoning Board of Appeals of the type of building or activity and how it will look when desired construction is completed.

GENERAL INFORMATION

Property Owner(s) Name: _____

Mailing Address: _____

Telephone Number: () _____

E-mail: _____

PROPERTY INFORMATION

Property Tax Code Number: 15-001- _____ - _____ - _____

Property Address: _____

Nearest Road Intersection: _____

Zoning District in which property is located: _____

VARIANCE OR INTERPRETATION REQUESTED

Relief from the following Zoning Ordinance Section(s): _____

Describe reason for requested variance: _____

EFFECT ON APPLICANT IF VARIANCE IS DENIED

What practical difficulties or unnecessary hardships created by the lay of the land or the location of buildings existing prior to the effective date of the Zoning Ordinance would result if the variance is not granted?: _____

STANDARDS FOR GRANTING A VARIANCE

a. What exceptional or extraordinary circumstances or conditions exist with the property?: _____

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

c. Why will the granting of the variance not be detrimental to the public welfare, or injurious to the property or improvements in the area? Will it create any problems or concerns to property in the area? _____

d. If the granting of the variance will not adversely affect the purpose or objectives of the Zoning Ordinance, why not?: _____

e. If the need for the variance is not the result of an intended or actual action by the owner, why not?

APPLICANT'S STATEMENT AND AUTHORIZATION

I understand that if the requested variance is granted, I am in no way relieved from all other applicable requirements of the Bay Township Zoning Ordinance. It is also understood that any approval by the Zoning Board of Appeals 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 Bay Township staff and the Zoning Board of Appeals members to enter the subject property for purposes of making site inspections related to the project and request identified in this application.

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

Property Owner's Signature(s): _____

Signature: _____

Date: _____

ZONING BOARD OF APPEALS DECISION

Notes and Comments _____

Bay Township Official's Signature: _____

Date: _____

Submit six copies of a scaled drawing on the below grid sheet or on a separate sheet of paper showing the lot location, dimensions, location and dimensions of existing and proposed structure(s), driveway location, well septic, drain field and other structures within 100-FT of the property.

