

Everett Township

DEMAND FOR APPEAL / VARIANCE FORM

Parcel Number _____
Date: _____
Name: _____

(applicant --person filing the appeal)

(address)

(city, state, zip code)

(___) ___ - ___

(___) ___ - ___

(telephone, home and business)

Applicant's standing (interest) in the appeal
(check one):

- Property owner (attach inspection report sheets)
- Adjacent property owner
- Other affected individual. Explain: _____
- Other. Explain: _____

OFFICE USE ONLY

Case number _____

Date Rec'd _____

Fee Rec'd _____

Receipt # _____

Hearing date _____

Action: _____

Date: _____

Expiration Date: _____

PROPERTY OWNER'S (OF LAND SUBJECT TO APPEAL) NAME AND ADDRESS
(if not the applicant)

Phone (___) ___ - ___

ADDRESS OF LAND SUBJECT TO APPEAL (if known) _____

(If new construction, an address will not be known yet. An address is obtained after a zoning permit is issued.)

PARCEL SUBJECT TO APPEAL SIZE _____

PROPERTY DESCRIPTION FOR LAND SUBJECT TO APPEAL _____

PARCEL DATA PROCESS (tax) NUMBER FOR LAND SUBJECT TO APPEAL

___ - ___ - ___ - ___ - ___

ZONING DISTRICT OF PROPERTY SUBJECT TO APPEAL (see zoning ordinance)

ACTION REQUESTED: (check one)

- To interpret a particular section of the ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation:
The Section is: _____
- 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): _____
- 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 a variance is being sought from: _____
- To overturn an action of the zoning administrator. The zoning administrator erred (did not issue a permit, issued a permit, enforcement): _____

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RULING SOUGHT:

What is the ruling sought by the Everett Township Zoning Board of Appeals? _____

(attach sheets if necessary)

(attached)

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

State specifically the reason for this demand for appeal: _____

(attach sheets if necessary)

(attached)

ATTACH FOUR COPIES OF A SITE PLAN, as specified in Section 9401 *et. seq.*,

(attached)

Attach a copy of the initial application concerning this issue and the zoning administrator's written ruling on this issue.

(attached)

VARIANCE QUESTIONS:

If you are seeking a variance, on attached sheets, provide answers to the following questions. Please number the answers the same as they are numbered here. Please be specific, and explain your answers. (If the answer to any of the questions numbered 1-5 is "no," a variance may not be granted, § 9603.)

(attached)

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?
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 zoning ordinance?
3. Are the special conditions and circumstances a result of unique characteristics of the parcel of land in question, and not a result of actions of the applicant or previous owners of the land?
4. Does granting the variance preserve the essential character of the area?
5. Is the requested variance for a land use or a potential special use permitted within the respective zoning district?

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VARIANCE, MAP INTERPRETATION INFORMATION:

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

1. Attach or list all deed restrictions for the property in question.
(attached)
2. Attach a list of names and address of all other persons, firms, or corporations having a legal or equitable interest in the property in question.
(attached)
3. This area is (check one): unplatted platted will be platted.
If platted, name of plat: _____
4. What is the present use of the property? _____

WHAT IS THE NUMBER OF ATTACHED SHEETS? _____

Check all that apply:

- | | |
|--|------------------------|
| 1. <input type="checkbox"/> Zoning Map Detail. | Number of Pages _____. |
| 2. <input type="checkbox"/> Action Requested. | Number of Pages _____. |
| 3. <input type="checkbox"/> Justification. | Number of Pages _____. |
| 4. <input type="checkbox"/> Variance Questions. | Number of Pages _____. |
| 5. <input type="checkbox"/> Site Plan. | Number of Pages _____. |
| 6. <input type="checkbox"/> List of all owners. | Number of Pages _____. |
| 7. <input type="checkbox"/> Deed Restrictions. | Number of Pages _____. |
| 8. <input type="checkbox"/> Copies of permits. | Number of Pages _____. |
| 9. <input type="checkbox"/> Everett Township's ruling. | Number of Pages _____. |
| 10. <input type="checkbox"/> Other : _____ | Number of Pages _____. |
| 11. <input type="checkbox"/> Other : _____ | Number of Pages _____. |
| 12. <input type="checkbox"/> Other : _____ | Number of Pages _____. |

[Add more lines if needed]

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Zoning Board of Appeals ruling may be void. Further I agree, that any Zoning Board of Appeals ruling and subsequent permit which may be issued is with the understanding that all applicable sections of the Everett Township Zoning Ordinance must be complied with. Also, I agree to notify the zoning administrator for Everett Township for an inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I give permission for officials of Everett Township, the County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Also I understand any zoning action by the Zoning 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: _____

When completed send two copies to:
Everett Township Zoning Administrator
1516 E. 8th St,
White Cloud, Michigan 49349