

## HOWELL TOWNSHIP ZONING BOARD OF APPEALS

3525 Byron Road

Howell, MI 48855

Phone: (517) 546-2817 ext. 108

E-mail: inspector@howelltownshipmi.org

### APPLICATION INSTRUCTION SHEET

Meetings are held the third Monday of the month, as requested. All information must be submitted 30 days prior to a meeting. You will receive a copy of the newspaper notification and agenda.

- 1) Fill out the attached application, leave no blanks. If not applicable place N/A in the space provided.
- 2) The application is to be signed by both the applicant and owner. Both signatures are to be notarized.
- 3) Submit 9 copies of all information (applications, legal descriptions, proof of ownership, blue prints (please fold blue prints), drawings, photographs, etc).
- 4) Include a self addressed stamped envelope to receive a copy of the minutes.
- 5) Submit application and fee; \$400.00 residential or \$900.00 commercial.
- 6) 10 days prior to the meeting clearly stake and label all property lines (relative to request). Clearly stake area and/or footprint of any proposed buildings. Item will be removed from the agenda if not properly staked.

May 2008

**HOWELL TOWNSHIP  
ZONING BOARD OF APPEALS**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Parcel ID: 4706-\_\_\_\_-\_\_\_\_-\_\_\_\_ File: \_\_\_\_.

**NATURE OF REQUEST (CHECK APPLICABLE ONE)**

- APPLICATION FOR VARIANCE
- APPLICATION FOR INTERPRETATION OF ZONING ORDINANCE PROVISION
- APPEALING PLANNING COMMISSION DECISION
- APPEALING ZONING ADMINISTRATOR DECISION

1. OWNER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. APPLICANT IF DIFFERENT: \_\_\_\_\_

3. CONTACT PERSON (ALL CORESPONDENCE WILL GO HERE): \_\_\_\_\_

\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ FAX: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-MAIL: \_\_\_\_\_

4. LOCATION OF PROPERTY: \_\_\_\_\_ BETWEEN \_\_\_\_\_ & \_\_\_\_\_

5. ATTACH A COPY OF THE LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

6. CURRENT ZONING CLASSIFICATION: AR SFR MFR OS NSC RSC  
HSC AC HC I

7. APPLICANT IS: OWNER TENANT LAND CONTRACT PURCHASER

**OTHER**  
EXPLAIN:

\_\_\_\_\_

8. Give details of your request and reasons why the request should be granted. Attached additional sheets if necessary: \_\_\_\_\_

\_\_\_\_\_

9. Have previous appeal(s) been made on this property? Yes No

- If yes: a. Date of appeal: \_\_\_\_\_  
b. Nature of appeal: \_\_\_\_\_  
c. Decision: \_\_\_\_\_

**10. If this is an appeal of the Zoning Administrator or Planning Commission's decision, give the following information:**

- a. Appealing the Zoning Administrator's decision:      Yes    No
- b. Appealing the Planning Commissions decision:      Yes    No
- c. Grounds for appealing: \_\_\_\_\_

Specify ordinance sections which substantiate your reasons for appealing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. If the request is for an interpretation of the ordinance, provide the following:**

- a. Zoning Ordinance section: \_\_\_\_\_
- b. Applicants interpretation of the Ordinance section. Attach supporting material, if any.  
\_\_\_\_\_  
\_\_\_\_\_

**12. Information needed for a variance request:**

- a. Zoning Ordinance section \_\_\_\_\_
- b. Is this a request for a dimensional variance? \_\_\_\_\_
- c. Is this a request for a use variance? \_\_\_\_\_
- d. State the minimal acceptable variance being requested. \_\_\_\_\_
- e. Give date and decision of Zoning Administrator and/or Planning Commission? \_\_\_\_\_

**13. Applicant must acknowledge the following regarding property:**

(Please **initial** which apply. Applicant's additional response to be on a separate attached sheet)

- a. That special conditions and circumstances exist which are peculiar to the land use, land, structure, or building in the same zoning district. \_\_\_\_\_

13.1.1 That the literal interpretation of the provision of this Ordinance will deprive the Applicant of rights commonly enjoyed by other properties in the same zoning districts under the provision of the ordinance.

**14. The Applicant hereby acknowledges the following:**

(Applicant to **initial** paragraphs 1 thru 7)

14.1.1 That granting of the variance request will not confer upon the Applicant any special privileges that are denied by the provisions of the ordinance to other lands, under the provision of the ordinance. \_\_\_\_\_

14.1.2 The practical difficulties or unnecessary hardship in the strict application of the ordinance was not created or caused by the Applicant. \_\_\_\_\_

- 14.1.3 The Zoning Board of Appeals cannot grant a variance for a use that is not permissible in the designated zoning district. \_\_\_\_\_
- 14.1.4 The Zoning Board of Appeals has the right to prescribe conditions and safeguards for any variance granted. \_\_\_\_\_
- 14.1.5 The Applicant acknowledges that the use for construction authorized by such variance or permit must be commenced within one year of granting the variance, otherwise the variance is null and void. \_\_\_\_\_
- 14.1.6 No application for a variance which has been denied shall be resubmitted for a period of one year except on grounds of new evidence of change of conditions. \_\_\_\_\_
- 14.1.7 Applicant acknowledges he has received and read Article XXII entitled "Zoning Board of Appeals". \_\_\_\_\_

**I hereby depose and say that all the above statements and information contained in this Application and any attachments submitted herein are true and accurate.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Owners' Signature

\_\_\_\_\_  
Print name

Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_ County, Michigan

\_\_\_\_\_  
Print name

My Commission expires: \_\_\_\_\_