

MELROSE TOWNSHIP ZONING VARIANCE APPLICATION

Date Received

\$600 FEE

Case #

Return check (payable to Melrose Township) & form to Melrose Township Zoning Administrator,
P.O. Box 189, Walloon Lake, MI 49796 Phone: 231-535-2310; or cell 330-1249

1. Owner: Name:

Address:

Telephone: (daytime) (evening)

Applicant if other than owner:

Address

Telephone Email Address

2. Describe Variance Request:

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

Property Tax Code # 15-010- Zoned District:

or Subdivision and Lot #

Nearest Intersection:

4. Address of Property:

5. Have visible identification of property lines and proposed changes.

6. Attach 7 copies of a certified survey of the Site showing all the following:

1. Property Boundaries, with property line dimensions
2. Lot location (road names, lakeshore, easements, right-of-ways, topo)
3. Existing and Proposed Building, with dimensions (indicate height also)
4. The Distance from the Lot Lines of Each Existing or Proposed Building
5. Unusual Physical Features of the Site or Building.
6. Abutting Streets
7. 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.

7. 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?

8. STANDARDS FOR GRANTING A VARIANCE:

a. Why will the granting of the variance not adversely affect the purposes or objectives of the Zoning Ordinance and why 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. Why 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 Melrose 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 Melrose 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 _____

NOTE: Applications must be received three weeks prior to the ZBA meeting. If this time frame is missed, the case will not be considered until the following month. A representative MUST be present at the meeting.

Please send completed application to Melrose Township, P.O. Box, Walloon Lake MI, 49796.

fax 231.535-2337; e-mail wrfrykberg@gmail.com

Telephone 231.535-2310; cell 231.330.1249