

HOWELL TOWNSHIP
Application for Zoning Board of Appeals

3525 Byron Road Howell, MI 48855

Phone: 517-546-2817 ext. 108

Email: inspector@howelltownshipmi.org

Instructions

Meetings are usually held the third Tuesday of the month, by request. All information must be submitted 30 days prior to a meeting. Please check the Township website for meeting dates. You will receive a copy of the newspaper notification and agenda.

1. Fill out the attached application leaving no blank spaces; if section is not applicable answer 'N/A'
2. The application is to be signed by both the applicant and the owner. Both signatures are to be notarized.
3. For commercial development: submit 1 paper copy and 1 digital copy of all information (applications, legal descriptions, proof of ownership, blue prints (24" x 36"), drawings, photographs, etc.)
4. For residential development: submit 1 paper copy of all information (application, legal description, proof of ownership, blue prints (11" x 17"), drawings, photographs, etc.)
5. Submit application and fee, \$400 for residential, \$900 for commercial.
6. 7 days prior to the meeting clearly stake and label all property lines relevant to the request. Clearly stake area and/or footprint of any proposed buildings. If the property is not properly staked the Board may take no action on the request.

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File Number: PZBA-_____ Parcel ID: 4706-____-____-____ Date _____

Residential Request, Fee \$400.00

Commercial Request, Fee \$900.00

Owner Name_____ Owner Address_____	
Applicant Name_____ Applicant Address_____	
Contact Person for all Correspondence_____	
Address_____	
Phone_____	Fax_____ Email_____
Applicant is: Owner Tenant Land Contract Purchaser	
Other, Explain_____	
Nature of Request	
Application for Variance	Appealing Planning Commission Decision
Appealing Zoning Administrator Decision	Application for Interpretation of Ordinance

General Location of Property_____
Between Roads _____ & _____
Please attach a copy of the legal description of property to the application.
Current Zoning Classification_____

Details of your request and reasons why the request should be granted:

Have previous appeal(s) been made on this property? No Yes
 If yes: Date of appeal _____ Nature of appeal _____ Decision _____

Appealing the Zoning Administrator’s decision? Yes No
 Appealing the Planning Commission’s decision? Yes No
 If yes, grounds for appeal:

 Specify ordinance sections which substantiate your reasons for appeal:

Requesting an interpretation of the ordinance? Yes No
 If yes, Zoning Ordinance section _____
 Applicants interpretation of the Ordinance section (attach any supporting material)

Please provide the following:

Zoning Ordinance Section	
Is this a request for a dimensional variance?	Yes No
Is this a request for a use variance?	Yes No
State the minimal acceptable variance being requested	
Date and Decision of Zoning Administrator and/or Planning Commission	

Applicant hereby acknowledges the following (initial each section)

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 provisions of the ordinance.	
The practical difficulties or unnecessary hardship in the strict application of the ordinance was not created or caused by the Applicant.	
The Zoning Board of Appeals cannot grant a variance for a use that is not permissible in the designated zoning district.	
The Zoning Board of Appeals has the right to prescribe conditions and safeguards for any variance granted.	
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.	
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.	
Applicant acknowledges he has read and understands Article XXII entitled "Zoning Board of Appeals."	
Applicant grants permission to all ZBA members access to the property to view all relevant areas pertaining to the request.	

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.

Owner's Signature

Applicant's Signature

Print Name

Print Name

Date

Date

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

Notary Public

Notary Public

Printed Name

Printed Name

_____ County, Michigan

_____ County, Michigan

My Commission expires: _____

My Commission expires: _____