



Resolution 04172018 Revised on 04/17/2018
Zoning Board of Appeals
Zoning Variance Application

APPLICANTS(S): Complete this form by using the attached information sheet if needed and/or contact the Zoning Administrator for guidance. An application for a variance by The ZONING BOARD OF APPEALS shall be submitted with the associated fee and any submittal information to the Zoning Administrator

Zoning Administrator
P.O. Box 350
Paradise, Michigan 49768
(906)492-3452 ext 6

The Zoning Board of Appeals must review the application within 30 days. After the initial review, the Zoning Board of Appeals has thirty days to hold a public hearing and make a decision to approve or disapprove the application.

Township Staff Use

Parcel ID#: 016-____ - ____ - ____

NOTE: Incomplete Applications will not be accepted and notices required for public hearings will not be sent out until it has been verified that ALL of the information required is present at the time of the application—no exceptions!

Hearing Date: _____

Date to send Notices: Notices sent: YES or NO

Date to Publish/ Post Notice: Notice published YES or NO

Fee: \$350

APPLICANT INFORMATION:

Name: _____

Street Address: _____

City: State: Zip: _____

Phone: _____

Fax: _____

APPLICANT STATUS: Owner:____ Agent:____ Contract Buyer:____

ENGINEER: _____ SURVEYOR: _____

Street Address: _____ Owner Representative: Yes or No

Whitefish Township
P.O. Box 350
Paradise, Michigan

1- STANDARD: Explain why it would be unreasonable to be compelled to comply with the requirements or what burden (s) would be created if there was mandatory compliance with the requirements as provided in the ordinance.

Section 3- CRITERIA TO DECIDE A VARIANCE REQUEST

The ZBA used four accepted standards derived from the Michigan Zoning Enabling Act. They are stated in common language below and they ask you to explain the practical difficulty in complying with the Zoning Ordinance and your reason to justify the granting of a variance. You can attach pages if the space provided is insufficient. NOTES: Cost or aesthetics are rarely justification to obtain approval for a variance.

2- STANDARD: If the variance or a modified variance is granted, explain why it would not adversely affect your neighbors and/or the character of the neighborhood.

3- STANDARD: If applicable, explain any unusual circumstances that are relevant to the property and that do not exist on other similar Township properties, and how they prevent compliance with the requirements of the ordinance.

4- STANDARD: If applicable, explain whether or not some action or activity that was taken by the property owner or previous owners resulted in the creation of a situation that now requires a variance from the zoning ordinance.

Section 4- ATTACHMENTS TO THE APPLICATION

Additional information, such as a certified survey, can be included with your application if you believe it would support your presentation and reasons for a variance. Please check the item (s) if you have included anything

- Site plan as proposed
- Relevant maps
- Deed restrictions (if any)
- Photos
- Copies of permits that have been granted
- Brochures of marketing information for any pertinent manufactured items

Site Plan

A site plan, including all applications, drawings and statements of operating conditions must be submitted to and approved by the Planning Commission.

Drawings

Drawings shall include the location of all parking areas, loading facilities, waste disposal areas, outdoor storage areas, roads and drives, fences, enclosure walls and barriers, and all special construction on the premises.

Statement of operating conditions

The application shall include a written statement of the effects of the operation on adjacent properties and the general development of the neighborhood, on water and air quality, on noise and glare conditions, on fire and safety hazards, on emission of dangerous or obnoxious matter, on any other matter that the zoning administrator deems necessary, and on the proposed treatment of any such conditions. It shall show plans for the disposal of sewage and all waste products, with such plans being approved by the Chippewa County Health Department. It shall specify plans for smoke and pollution control.

SIGNATURE

I hereby certify the following:

1. I am the legal owner, or under control, of the property, for which this application is being submitted, and
2. I desire to apply for the zoning variance indicated in this application with the attachments and that the information contained herein is true and accurate to the best of my knowledge, and
3. The requested zoning variance would not violate any deed restrictions attached to the property involved in the request; and
4. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Zoning Board of Appeals and that may not be necessarily be the next scheduled meeting due to notification requirements; and
5. I acknowledge that this form is but only an application for a zoning variance and is valid only with procurement of applicable approvals.

Name (print): _____

Signature: _____ Date: ____/____/____

The applicant's signature below gives permission for Board members to do a site visit

Signature: _____ Date: ____/____/____

Zoning Board of Appeals Use Only

The Whitefish Township Zoning Board of Appeals at a meeting duly convened on ____/____/____
reviewed the facts in a Zoning Variance Application Dated ____-____-____
for property #16-____-____-____

WHEREAS, the board held a public hearing, duly published on ____/____/____, and

WHEREAS, at said public hearing all who were desired to be heard and their testimony recorded, and

WHEREAS, all testimony had been carefully considered and the following pertinent facts noted:

NOW, THEREFORE BE IT RECOMMENDED, by the Whitefish Township Zoning Board of Appeals that
Application dated ____/____/____ be (**circle one**) Approved / Denied.

Approved with the following conditions (if any)

Application Denied reason:

Signature of Zoning Board of Appeals Chairperson _____

Date ____/____/____

Date entered into minute's book ____/____/____

Date issued to owner ____/____/____