

Belvidere Township

Montcalm County, Michigan

P.O. Box 144, Six Lakes, MI 48886 Phone (989) 365-3783 Fax (989) 365-3783

\$500.00 cost + legal fees

APPLICATION to the ZONING BOARD of APPEALS (ZBA)

(All references to "Section" and "Article" refer to the Belvidere Township Zoning Ordinance)

Important Notice to Applicants: This application must be completed in full and 3 copies submitted to the Township Clerk. All questions must be answered completely. If additional space is needed, number and attach additional sheets.

1) Applicant: _____
Name Street Address City/State/Zip Telephone

2) Application For: Administrative Review (Sec. 16.5) Interpretation (Sec. 16.6) Variance (Sec. 16.7)

3) Applicant's Interest in Property: Owner Lessee Buy Option Other/Specify: _____

Part A: ADMINISTRATIVE REVIEW

This part is to be completed only for appeals for an administrative review. See Sec. 16.5.

1) The applicant requests the reversal or modification of the decision of the:
 Zoning Administrator or Planning Commission or Township Board (check one),
made on (date) _____ regarding Application No. _____

2) Reversal or modification requested: _____

3) Reasoning why reversal or modification is appropriate: _____

Part B: INTERPRETATION of ZONING ORDINANCE TEXT or MAP

This part is to be completed for ordinance interpretation requests only. See Sec. 16.6.

1) The applicant requests the ZBA make an interpretation of:
_____ a. The location of district boundaries on the Zoning Map as applied to the property described as
Tax Parcel # _____, or by the attached legal description.
_____ b. The provisions of Section _____ of the Ordinance.
_____ c. Other, specify: _____

2) Please describe in detail the conditions necessitating an interpretation and the reason for the request.

FOR TOWNSHIP USE ONLY

Application Number:			Tax Parcel Number:	
Date Received:			Date of Final Action: - -	
Fee Paid	Date	Receipt #	Action:	
1)				
2)				
Notes:				

Part C: REQUEST for VARIANCE

This part is to be completed for variance requests only. See Sec. 16.7.

1) **State specifically the variance(s) being requested** (such as a 5' reduction on side yard setback, 20% reduction in parking spaces, etc.)

2) **Describe the peculiar or unusual characteristics of the property that requires the granting of a variance.**

3) **Describe what is to be done with the property that necessitates a variance.**

4) **Legal description of subject property** (or attach):

5) **Address of Property:**

6) **This property is:** unplatted or platted or part of a condominium subdivision (circle appropriate answer)
Name of platted or condominium subdivision:

7) **Present use of the property is:**

8) **Existing zoning classification of the property is:**

9) **Are there deed restrictions on the property:** No Yes

10) **SUPPORTING DOCUMENTS:** Seven copies of the following materials shall be submitted as part of an application for a variance in addition to any others noted in this application.

A. Drawings: A plan drawn at a readable scale, clearly showing, but not limited to, property lines, lot shape and dimensions, proposed and existing building locations and dimensions, parking and yard areas, and features for which a variance is being requested.

B. Proof of Property Ownership: Proof of ownership of the property subject to the application, such as a property deed, or other evidence of interest in the property.

C. Deed Restrictions: Copy of all existing deed restrictions impacting the property.

11) **JUSTIFICATION:** Section 16.7 identifies the basis for the review of variance requests. The applicant is strongly encouraged (not required) to submit written documentation addressing the extent to which the variance request complies with the review standards of section 16.7.

12) **LIST of ATTACHMENTS:** Check attachments as applicable and note the number of pages of each:

- Legal Description; pages _____
- Deed Restrictions; pages _____
- Other _____; pages _____
- Other _____; pages _____
- Proof of Property Ownership; pages _____
- Drawings; pages _____

13) **AFFIDAVIT:** I (we) agree the statements made above are true and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be voided. I (we) agree that any Zoning Board of Appeals ruling and subsequent permit that may be issued does not relieve me (us) from compliance with all other provisions of the Belvidere Township Zoning Ordinance. I (we) agree grant permission to officials of Belvidere Township, the County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. I understand any decision or ruling 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.

Applicant's Signature(s) and Date

Property Owner's(s) Signature(s) and Date
(if different than applicant)