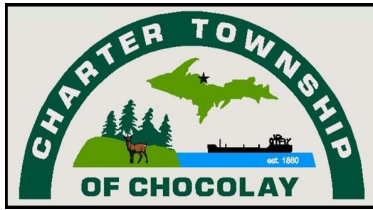


# Zoning Variance Application

App # ZB- \_\_\_\_\_ - \_\_\_\_\_



**Chocolay Charter Township  
Planning and Zoning Department**  
5010 US 41 South  
Marquette, MI 49855  
Phone: 906-249-1448 Fax: 906-249-1313

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 at least thirty (30) days prior to the next scheduled Zoning Board of Appeals meeting.

<b>Fee: \$300.00</b>	<b>Township Staff Use</b>		<b>Date Fee Paid</b> _____
Parcel ID#: _____			<b>Receipt #</b> _____
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

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

APPLICANT STATUS: Owner: \_\_\_\_\_ Agent: \_\_\_\_\_ Contract Buyer: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ SURVEYOR: \_\_\_\_\_

Street Address: \_\_\_\_\_ Owner Representative: Yes or No



Zoning Variance Application  
ZB- -

**Section 1- PROJECT INFORMATION**

General Location or address if available : \_\_\_\_\_

Legal Description (Attach or Describe): \_\_\_\_\_

\_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Size of Site: \_\_\_\_\_

**Section 2- VARIANCE REQUEST**

This variance is requested to be permitted to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Zoning Variance Application ZB- -

### **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.

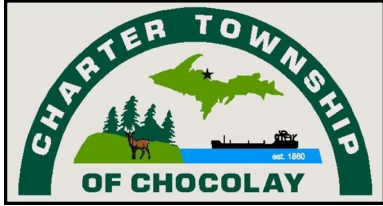
**1- STANDARD:** Explain why it would be unreasonable to be compelled to comply with the requirements or what burden (s) would be created if there was mandatory compliance with the requirements as provided in the ordinance.

**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.





Zoning Variance Application  
ZB- -

*Zoning Board of Appeals Use Only*

The Chocolay Township Zoning Board of Appeals at a meeting duly convened on \_\_\_/\_\_\_/\_\_\_ reviewed the facts in a Zoning Variance Application (#ZB- \_\_\_ - \_\_\_) for property #52-02-\_\_\_ - \_\_\_ - \_\_\_

WEREAS, the board held a public hearing, duly published on \_\_\_/\_\_\_/\_\_\_, and

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

WEREAS, all testimony had been carefully considered and the following pertinent facts noted:  
NOW, THEREFORE BE IT RECOMMENDED, by the Chocolay Township Zoning Board of Appeals that Application #ZB- \_\_\_ - \_\_\_ be **(circle one)** Approved / Denied.

Approved with the following conditions (if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Board of Appeals Chairperson

\_\_\_\_\_  
Date

*Staff Use Only*

Date entered into minutes book \_\_\_\_\_

Date entered into equalizer \_\_\_\_\_

Date issued to owner \_\_\_\_\_ zoning compliance permit # ZC \_\_\_\_\_ - \_\_\_\_\_