



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460

Telephone 616-399-6121 Fax 616-399-7173

www.portsheldontwp.org | info@portsheldontwp.org

ZONING BOARD OF APPEALS APPLICATION

Submit at least 28 days prior to desired meeting to:

Port Sheldon Township

16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

Application is hereby made to the Zoning Board of Appeals for one or more of the following, pursuant to provisions of the Zoning Ordinance:

If a variance is being applied for, it is contrary to Section(s) _____ of the Zoning Ordinance.

If not a variance, application is made pursuant to Section(s) _____ of the Zoning Ordinance.

Name of Applicant _____ Phone # _____

Address of Applicant _____

Applicant's interest in property _____

Name of property owner _____

Address of property owner _____

Email addresses _____

Parcel Number of property in question _____

Address of property in question _____

Zone District of property in question _____

Present use of property/structure _____

Proposed use of property/structure _____

Size of Existing and/or proposed structure _____

Description of existing and/or proposed structure _____

Describe the nature of your request and/or appeal _____

If there has been a previous request and/or appeal involving the existing structure and/or premises, please state the date of filing, character of request or appeal and disposition of same _____

Continued on Reverse Side

What are the practical difficulties or unnecessary hardships that would prevent carrying out the strict letter of the ordinance: (Reference – Sec) _____

Since a variance in the provisions or requirements of the ordinance CANNOT BE AUTHORIZED BY THE BOARD UNLESS it finds from reasonable evidence that ALL of the following facts and conditions exist, IT IS IMPERATIVE THAT YOU GIVE INFORMATION TO SHOW THAT THE FOLLOWING FACTS AND CONDITONS DO EXIST. (Reference Sec.)

A. That special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same zoning district. _____

B. That literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of this Ordinance _____

C. That the special conditions and circumstances do not result from the actions of the applicant *or owner*. _____

D. That granting the requested variance will not confer on the applicant any special privilege that is denied by this Ordinance to other lands, structures or buildings in the same zoning district. _____

Use additional sheet if necessary.

Signature of applicant/agent/owner (circle one) and date

FILING FEE \$500.00*

More than a one-time tabling will require an additional \$500.00 fee

*(Plus) fees for required engineering, planning or legal fees incurred by the township to offset township expenses. Applicant billed for any additional expenses. The township Supervisor would have the option of requiring an escrow account if deemed necessary. The applicant can appeal to the township board the plus fees that could be changed or waived by majority vote.

The filing fee must accompany this application and a site plan and/or building plan. Please read the instructions for filing and make sure your application is complete with all questions answered.