

# Green Township

14621 M-32  
Lachine, MI 49753

Phone: (989) 379-2398

Fax:

## APPLICATION FOR ZONING APPEAL

### Office Use Only:

Case #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Appeals Board:

Action: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

APPLICANT (PERSON FILING THE APPEAL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE (HOME): \_\_\_\_\_

\_\_\_\_\_ TELEPHONE (BUSINESS): \_\_\_\_\_

### APPLICANT'S STANDING (INTEREST) IN THE APPEAL:

- Property owner  
 Adjacent property owner  
 Other affected individual. Explain: \_\_\_\_\_  
 Other. Explain: \_\_\_\_\_

### PROPERTY OWNER'S (of land subject to appeal) NAME AND ADDRESS (if different from the applicant):

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

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

Telephone: \_\_\_\_\_

ADDRESS OF LAND SUBJECT TO APPEAL (if known): \_\_\_\_\_

PARCEL SIZE SUBJECT TO APPEAL: \_\_\_\_\_

PROPERTY DESCRIPTION OF LAND SUBJECT TO APPEAL (include nearest intersection): \_\_\_\_\_

PARCEL (tax) NUMBER FOR LAND SUBJECT TO APPEAL: \_\_\_\_\_

ZONING DISTRICT OF PROPERTY SUBJECT TO APPEAL (see zoning ordinance): \_\_\_\_\_

**ACTION REQUESTED: (check one)**

To interpret a particular section of the zoning ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation. The Section is: \_\_\_\_\_

To interpret the zoning map, as it is felt the Zoning Administrator/Planning Commission is not reading the map properly. Describe the portion of the zoning map in question (attach detail maps if applicable):

\_\_\_\_\_  
\_\_\_\_\_

To grant a non-use variance to certain requirements of the zoning ordinance (parking, setbacks, lot size, height, floor area, sign regulations, location of accessory buildings, maximum amount of lot coverage, etc.). Specify the section and specific regulations a variance is being sought from: \_\_\_\_\_

\_\_\_\_\_

To overturn an action of the Zoning Administrator/Planning Commission. The Zoning Administrator/Planning Commission erred (did not issue a permit, issued a permit, enforcement):

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: The Zoning Board of Appeals has no jurisdiction to hear appeals from Planning Commission decisions concerning Special Land Uses or Planned Unit Developments.*

**RULING SOUGHT:**

What is the sought ruling by the Green Township Zoning Board of Appeals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attached sheets (if necessary)

**STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION:**

State specifically the reason for this demand for appeal request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attached sheets (if necessary)

**ATTACH 6 COPIES OF A PLOT PLAN OR SITE PLAN, as specified by use in the Green Township Zoning Ordinance**

Attached

**ATTACH COPY OF THE INITIAL APPLICATION CONCERNING THIS ISSUE AND THE ZONING ADMINISTRATOR'S OR PLANNING & ZONING COMMISSION'S WRITTEN RULING ON THIS ISSUE.**

Attached

**VARIANCE, MAP INTERPRETATION INFORMATION:**

If you are seeking a variance, or a map interpretation, the following must be provided:

1. Attach or list all deed restrictions for the property in question.

Attached

2. Attach a list of names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property in question.

Attached

3. This area is           unplatted                           platted                           will be platted.

If platted, name of plat: \_\_\_\_\_

4. What is the present use of the property? \_\_\_\_\_

**ATTACH EVIDENCE OF PROPERTY OWNERSHIP**

Attached

**LIST ANY ADJACENT PARCELS UNDER THE SAME OWNERSHIP:** \_\_\_\_\_

**INDICATE ATTACHED SHEETS:**

- |   |                       |
|---|-----------------------|
| 1. <input type="checkbox"/> Zoning Map Detail               | Number of pages _____ |
| 2. <input type="checkbox"/> Ruling Sought                   | Number of pages _____ |
| 3. <input type="checkbox"/> Justification                   | Number of pages _____ |
| 5. <input type="checkbox"/> Plot Plan or Site Plan          | Number of pages _____ |
| 6. <input type="checkbox"/> Deed Restrictions               | Number of pages _____ |
| 7. <input type="checkbox"/> List of all owners              | Number of pages _____ |
| 8. <input type="checkbox"/> Green Township's initial ruling | Number of pages _____ |
| 9. <input type="checkbox"/> Evidence of property ownership  | Number of pages _____ |

**AFFIDAVIT:**

I 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 void. Further I agree, any Zoning Board of Appeals ruling and subsequent permit that may be issued is with the understanding all applicable sections of the Green Township Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for Green Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Green Township, Alpena County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Also I understand any zoning action by the 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, return to:

**NOTE:** Property lines & locations of proposed uses must be marked on the ground before a permit will be issued unless not applicable.

Applicant must notify the Zoning Administrator when the property is marked and ready for inspection.