PORT SHELDON TOWNSHIP
16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
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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. Seven copies must be submitted.