

**TOWNSHIP OF SPRING ARBOR
ZONING BOARD OF APPEALS
APPLICATION FOR VARIANCE**

The Zoning Board of Appeals (ZBA) is created to offer reviews and decisions when an interpretation of the Zoning Ordinance is questioned, when an order or decision of an administrative official or body is questioned, or when a variance from the strict interpretation of the ordinance is sought to avoid a specific hardship. A hardship must involve a unique situation rather than one which represents a minor inconvenience. The ZBA is not a legislative body; it does not have the power to rezone or change uses. Any decision of the ZBA must comply with the basic spirit (intent) of the ordinance while maintaining the public health, safety and welfare of the area and the community at large.

In order to expedite your request, it is required that you submit certain basic information to allow ZBA members the opportunity to properly understand and consider the request.

When providing the required information, you may attach additional or supplemental information if you feel it will be useful.

There are five (5) regular members on the ZBA. If at the time of the hearing there are only four (4) ZBA members present, the possibility of a tie vote exists. If a tie vote should occur, the variance is not approved. However, you will be given the option at the beginning of your hearing of either continuing or bringing your case before the ZBA at a future hearing.

The fee for a variance is \$250.00. The Zoning Board of Appeals meets regularly (if needed) on the third (3rd) Thursday of each month. The hearing will be held at the next regularly scheduled meeting following receipt of the application, provided it is received soon enough to allow adequate time for publicizing the hearing.

FOR TOWNSHIP USE

Public Notice Published _____

ZBA File No. _____

Public Notice Mailed _____

Date received _____

Hearing Date _____

Paid _____

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SPRING ARBOR TOWNSHIP APPLICATION FOR VARIANCE

REQUIRED INFORMATION:

I. Name of Applicant/Owner requesting ZBA review and opinion:

A. Applicant:

- 1. Name(s) _____
- 2. Address _____ City _____ State _____ Zip _____
- 3. Telephone _____

B. Owner of property if different from above:

- 1. Name(s) _____
- 2. Address _____ City _____ State _____ Zip _____
- 3. Telephone _____

II. Location of Property:

- A. Street name and number _____
- B. Property tax identification number and legal description of property involved (attach on separate sheet if necessary) _____
- C. Attach a plot plan drawn to scale showing lot, location of existing buildings, proposed buildings, and any additions to existing buildings, plus distances from property lines.
- D. Present zoning of property _____

III. Nature of Construction: _____

IV. Nature of Request:

(Fill in only those requiring variance)

	<u>Required by Ordinance</u>	<u>Proposed</u>
Lot size	_____	_____
Average lot width	_____	_____
Front yard setback	_____	_____
Side yard setback	_____	_____
Rear yard setback	_____	_____
Minimum frontage requirement	_____	_____
Building height	_____	_____
Total floor area	_____	_____
Off-street parking	_____	_____
Sign size/height/location	_____	_____

V. Effect of request on Applicant:

A. What specific problem would be created if your request is not granted? _____

B. What are the unique conditions which apply to your property or request as opposed to other properties in your area? _____

C. What undue hardship would be placed upon the applicant as a direct result of the variance being denied? _____

VI. Effect of Request on Other Properties:

A. If your request is granted, what effect will it have on the area? Will it hamper access by emergency vehicles or personnel? Will it hamper or restrict light, air or access to adjacent properties; will it in any way create any problems or concerns to other properties in the area? _____

ACKNOWLEDGMENT AND CERTIFICATION: It is hereby acknowledged that the applicant(s) has/have fully read and completed the above application. It is also understood that in case of cancellation or failure of the owner or his representative to appear at the hearing, I understand that all fees will be forfeited.

Signature of Applicant

Signature of Owner (if different)



ZONING BOARD OF APPEALS: Members present _____

The Board of Appeals having reviewed the submitted data do hereby
() APPROVE () DISAPPROVE the application for the following reasons:

CHAIRMAN: _____ Date: _____
Signature