

Crystal Lake Township
REQUEST FOR VARIANCE / DEMAND FOR APPEAL

P.O. Box 2129 1651 Frankfort Hwy Frankfort, MI 49635

zoning.clt@gmail.com Ph: 231-352-9791 Fax: 231-352-6689

Forms, Zoning Ordinances and Zoning Maps may also be found at www.crystallaketwp.org

(applicant --person filing the appeal)

(address)

(city, state, zip code)

(___) ___ - ___ - (___) ___ - ___

(telephone, home and business)

Applicant's standing (interest) in the appeal:

- Property owner
- Adjacent property owner
- Other affected individual. Explain: _____
- Other. Explain: _____

OFFICE USE ONLY:

Case number _____

Date Rec'd. _____

Fee Rec'd. _____

Receipt number _____

Hearing date _____

Appeals Board:

Action: _____

Date: _____

Expiration Date: _____

(attach inspection report sheets)

PROPERTY OWNER'S (OF LAND SUBJECT TO APPEAL) NAME AND ADDRESS

(if not the applicant)

Phone (___) ___ - ___

ADDRESS OF LAND SUBJECT TO APPEAL (if known) _____

(If new construction, an address will not be known yet. An address is obtained after a zoning permit is issued.)

PARCEL DATA PROCESS (tax) NUMBER FOR LAND SUBJECT TO APPEAL

___ - ___ - ___ - ___ - ___

ZONING DISTRICT OF PROPERTY SUBJECT TO APPEAL (see zoning ordinance) _____

SIZE OF PARCEL SUBJECT TO APPEAL _____

PROPERTY DESCRIPTION FOR LAND SUBJECT TO APPEAL _____

(attach sheets if necessary)

ACTION REQUESTED: (check one and provide explanation, attach additional sheets if necessary)

- To interpret a particular section of the 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 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. The zoning administrator erred (did not issue a permit, issued a permit, enforcement): _____

RULING SOUGHT:

What is the ruling sought by the applicant? _____

(attach sheets if necessary)

(_____ sheets attached)

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

State specifically the reason for this demand for appeal request: _____

(attach sheets if necessary)

(___ sheets attached)

ATTACH FOUR COPIES OF A SITE PLAN,

(attached)

Copy of the initial application concerning this issue and the zoning administrator’s (or planning commission’s) written ruling on this issue.

(attached)

VARIANCE QUESTIONS:

If you are seeking a variance, on attached sheets, provide answers to the following questions. Please number the answers the same as they are numbered here. Please be specific, and explain your answers. *(If the answer to any of the questions numbered 1-5 is “no,” a variance may not be granted,)*

(attached)

1. Do 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 district?
2. Does the literal interpretation of the provisions of the zoning ordinance deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the zoning ordinance?
3. Are the special conditions and circumstances a result of unique characteristics of the parcel of land in question, and not a result of actions of the applicant or previous owners of the land?
4. Does granting the variance preserve the essential character of the area?
5. Is the requested variance for a permitted land use or a potential special use within the respective zoning district?

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 address 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? _____

WHAT ARE THE NUMBER OF ATTACHED SHEETS: _____

List and describe them:

- | | |
|---|-----------------------|
| 1. <input type="checkbox"/> Zoning Map Detail | Number of pages ____. |
| 2. <input type="checkbox"/> Action Requested | Number of pages ____. |
| 3. <input type="checkbox"/> Justification | Number of pages ____. |
| 4. <input type="checkbox"/> Variance Questions | Number of pages ____. |
| 5. <input type="checkbox"/> Site Plan | Number of pages ____. |
| 6. <input type="checkbox"/> List of all owners | Number of pages ____. |
| 7. <input type="checkbox"/> Deed Restrictions | Number of pages ____. |
| 8. <input type="checkbox"/> Copies of permits | Number of pages ____. |
| 9. <input type="checkbox"/> CL Townships’s ruling | Number of pages ____. |
| 10. <input type="checkbox"/> _____ | Number of pages ____. |
| 11. <input type="checkbox"/> _____ | Number of pages ____. |
| 12. <input type="checkbox"/> _____ | Number of pages ____. |
- (add more lines if needed)

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Zoning Appeals Board ruling that may be issued may be void. Further I agree, any Appeals Board ruling and subsequent permit that may be issued is with the understanding all applicable sections of the Crystal Lake Township Zoning Ordinance will be complied with. Also, I agree to notify the zoning administrator for Crystal Lake 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 Crystal Lake Township, the 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: _____

(Name Printed)

Date: _____

When completed send two (2) forms with original signatures and one (1) set of all attachments to:
Crystal Lake Township
Zoning Administrator
1651 Frankfort Hwy. M-115
P.O. Box 2129
Frankfort, Michigan 49635