

Zoning Board of Appeals Application

City of East Tawas ♦ 760 Newman Street ♦ PO Box 672 ♦ East Tawas, Michigan 48730-0672
phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall@easttawas.com ♦ www.easttawas.com

Please print legibly

Owner:	Phone:		
Address (site):	Land Use Permit No:		
Property Code No:	Subdivision Name:		
Date of Application:	Block:	Lot:	Zoning District:
Flood Plain:	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please check with the Zoning Administrator for additional requirements.</i>		

TYPE OF REQUEST dimensional variance appeal of administrative decision other _____

REQUIREMENTS FOR APPLICATION

Please attach a separate sheet describing your request in complete detail. Include any drawings, maps, photographs of the site and/or any other documentation that might be helpful to the Zoning Board of Appeals.

When requesting a dimensional variance, include a basic site plan drawing. Show the location of your property lines, existing and proposed buildings, existing and proposed easements, building setbacks, and other items necessary to adequately and accurately show the nature of your request.

In order to receive a variance, you must meet the standards of Article XIV of the Zoning Ordinance. Your written response should address these standards:

Special conditions and circumstances exist which are peculiar to the land, land use, structure or building in the same zoning district so as to present such a unique situation that a precedent will not be established for other properties in the district to also ask the same or similar change through the zoning appeal procedure.

Literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the provisions of the Zoning Ordinance.

The granting of the variance request will not confer on the applicant any special privilege that is denied by the provisions of the Zoning Ordinance to other lands, structures or buildings in the same zoning district.

APPLICANT CERTIFICATION

By signing below, I certify that I am the owner of the property associated with this request and that the information provided within this application and accompanying documentation is, to the best of my knowledge, true and accurate. Furthermore, I hereby authorize the City of East Tawas to enter the property associated with this application for purposes of conducting necessary site inspections.

Applicant's Signature / Printed Name Date

Received by the Office of the City Clerk Date

A meeting fee of \$125.00 is due upon filing this application with the City Clerk. This fee is non-refundable even if the request is denied.

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Address (site):

Property Code No:

ZONING BOARD OF APPEALS ACTION

Date of Meeting _____

Approved _____
(signature of Zoning Board of Appeals Chair and date)

Disapproved _____
(signature of Zoning Board of Appeals Chair and date)

Approved with Conditions _____
(signature of Zoning Board of Appeals Chair and date)

Conditions for approval attached.