Checklist for Single Family Residential
Zoning Board of Appeals Application

• Applications must be submitted no later than 30 days prior to a scheduled meeting. Meetings are held the second and forth Monday of every month, unless otherwise specified.
• The applicant (or a representative, with written permission from the property owner) must be present at the meeting.

All of the following must accompany your completed application:

☐ Completed application, including original ink signatures of property owner and the applicant.
☐ Application fee of $200.00, cash or check payable to Orion Township.
☐ Proof of ownership. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.
☐ One copy 8.5”x11” (if size is larger than 11”x17” provide eight copies or 1 copy + PDF copy), of a scaled plot plan, or mortgage survey showing:
  o Lot lines with dimensions, and the total square footage of the lot
  o Label north point
  o Scale used on plans
  o Location of all existing and future buildings (including sheds, decks, pools, etc.) and lot coverage.
  o Accurate dimensions of all buildings, and the distances between them and to the nearest lot line
  o Parking areas and driveway(s)
  o Setback from the road right-of-way
  o All adjoining properties within 100’
  o Any easements on or adjacent to the property
  o Centerlines and road right-of-way widths of all abutting streets
☐ Elevation drawings with dimensions of proposed buildings or additions.
☐ If you live in an area with an active homeowner’s association, please provide an additional copy of plans signed and dated by the association.

Please note:
• You must stake the corners of the proposed structure(s) at least one week prior to the meeting you are scheduled to attend. This allows members of the Zoning Board of Appeals see the proposed location.
• The Zoning Board of Appeals may require a registered, staked survey to verify the location of property lines. If not required by the ZBA, the Building Inspector may require one prior to approving the initial inspection.
• Per Zoning Ordinance 78, Article XXIX, Section 29.03, H, 1: No order of the ZBA permitting the erection or alteration of a building shall be valid for a period longer than one (1) year from the date of such order, unless a building permit for such erection or alteration is obtained within such period and such erection or alteration is started and proceeds to completion in accordance with the terms of such permit.
Charter Township of Orion Zoning Board of Appeals

Application for Appeal - Single Family Residential

NOTICE TO APPLICANT:
The following application must be completed and filed with the Township at least thirty days prior to a scheduled ZBA meeting in order to initiate an appeal. There is a non-refundable fee of $200.00 for a residential application.

Regular meetings of the ZBA are held on the second and fourth Mondays of each month at 7:00 p.m. at the Orion Township Hall, 2525 Joslyn Road, Lake Orion, Michigan 48360. A minimum of three cases are required in order to hold a meeting with a maximum of five. The applicant or a representative with written permission from the property owner must be present at the meeting.

PROOF OF OWNERSHIP MUST BE INCLUDED WITH THIS APPLICATION. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.

APPLICANT
Name: ________________________________
Address: ________________________________  City/State/Zip: ________________________________
Phone: ________________________________  Cell: ________________________________  Fax: ________________________________
Email: ________________________________

PROPERTY OWNER(S)
Name (s): ________________________________
Address: ________________________________  City/State/Zip: ________________________________
Phone: ________________________________  Cell: ________________________________  Fax: ________________________________
Email: ________________________________

CONTACT PERSON FOR THIS REQUEST
Name: ________________________________  Phone: ________________________________  Email: ________________________________

SUBJECT PROPERTY
Address: ________________________________  Sidwell Number: 09-

Total Acreage: ____________  Length of Ownership by Current Property Owner: ________ Years, ________ Months

Does the owner have control over any properties adjoining this site? ________________________________

Zoning Ordinance Allowance/Requirement: ________________________________  Deviation requested: ________________________________
Case #: __________________

RESIDENTIAL VARIANCE

1. Describe in detail the nature of the request. ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2. Describe how the request results from special or unique circumstances particular to the property, which are not applicable to other properties in the surrounding area. __________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

3. If the appeal is granted, please explain how the variance will/will not be materially detrimental to the public health, safety and welfare, or to other properties or improvements in the Township: ________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

4. Explain how the request is/is not consistent with other properties in the immediate area, please site examples if possible:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

5. Describe how the alleged practical difficulty has not been self-created. _________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

6. The topography of said land makes the setbacks impossible to meet because: __________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

7. Describe how strict compliance with the ordinance unreasonably prevents the owner from using the property for a permitted purpose, or to be unnecessarily burdensome. ________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Case #: ________________

8. Have there been any previous appeals involving this property? If so, when? ________________________________________________

9. Is this request the result of a Notice of Ordinance Violation? ☐ Yes ☐ No

I/We, the undersigned, do hereby request action by the ZBA on the variance or specified matter above, in accordance with Sections 30.06, 30.07, 30.08, 30.10, and 30.11 of the Zoning Ordinance. In support of this request the above facts are provided. I hereby certify that the information provided is accurate and the application that has been provided is complete. As the property owner (or having been granted permission to represent the owner as to this application), I hereby grant the Zoning Board of Appeals members permission to visit the property, without prior notification, as is deemed necessary.

Signature of Applicant: (must be original ink signature) _______________________________ Date: _______________________________

Print Name: _______________________________

Signature of Property Owner: (must be original ink signature) _______________________________ Date: _______________________________

Print Name: _______________________________

If applicable:
I the property owner, hereby give permission to _______________________________ to represent me at the meeting.

OFFICE USE ONLY

Zoning Classification of property: ___________________________ Adjacent Zoning: N. S. E. W.

Total Square Footage of Principal Structure: _______________ Total Square Footage of Accessory Structure(s): _______________

Description of variance(s):

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Date Filed: __________________________ Fee Paid: __________________________ Receipt Number: __________________________