

Zoning Board of Appeals Variance Application
(Athens Township Zoning Ordinance – Section 26.01)

Name of Applicant _____ Main Phone _____

Mailing Address _____ Business Phone _____

Ownership: If applicant is not the owner, a letter of approval for application from the owner must accompany this application.

Address of Property: _____

Zoning District: _____

Property ID Number 13 02 _____

Request Action (to be filled out by Zoning Administrator)

APPLICANT: Attach a written statement which demonstrates the following. The application will not be considered complete unless this section is addressed.

- (1) 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, and
- (2) Literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Ordinance, and
- (3) Granting the variance request will not confer on the applicant any special privilege that is denied by this Ordinance to other lands, structures, or buildings in the same district, and
- (4) No non-conforming use of neighboring lands, structures or buildings in the same district, and no use of lands, structures or buildings in other districts shall be considered grounds for the issuance of a variance.

The Following MUST be submitted with application.

1. An accurate drawing showing parcel dimensions and any existing buildings on the property and their distance from the property lines, as well as the distance from property lines for proposed construction. All distances will be measured from the closest point of the structure to the property line. (Include roof overhangs)
2. A copy of the deed, land contract or lease if not on file with the township.
3. A copy of the most recent mortgage survey, if one exist.
4. A fee of \$450.00.

All Applicants or Designee (s): Attendance at the public hearings or meetings related to this request is required. Failure to attend may result in adjournment of the hearing or meeting and additional fees.

I hereby certify that all information submitted on or with this application is correct to the best of my knowledge and belief.

Signature of Applicant _____

Signature of Deed Holder (if not applicant) _____

Mailing Address of Deed Holder _____

Telephone Number _____

Subscribed and sworn before me, _____ this _____
(Print or Type Notary Name)

day of _____ 20____. Notary Public for the County of _____

State of _____
(Signature)

My commission expires on _____

Site Plan

An accurate site plan is required for submission. A mortgage survey on a separate sheet may be submitted in lieu of this site plan.

Scale 1" = _____ feet

Show distances from the property line less road right of way.

8. THAT this affidavit is completed to become a part of the Zoning Board of Appeals Variance Application of the Township of Athens, Calhoun County, Michigan.

Further deponent sayeth not. _____ Date _____

(Applicant Signature)

SUBSCRIBED AND SWORN before me this _____ day of _____ 20 _____

Notary Public, _____ County Michigan

My Commission Expires: _____