## **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 must accompany this application.	— of approval for application from the owner	
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.

<u>All Applicants or Designee (s):</u> 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 applica	nt)
Mailing Address of Deed Holder	
Telephone Number	
Subscribed and sworn before me,	this
	or Type Notary Name)
	20 Notary Public for the County of
State of	<del>.</del>
(Signature)	
My commission expires on	

#### Site Plan

An accurate site plan is require this site plan.	ed for submission. A mortgage survey on a separate sheet may be submitted in lieu of
Scale 1" =	feet
Show distances from the prope	erty line less road right of way.

#### AFFIDAVIT OF OWNERSHIP

STATE OF N	MICHIGAN )		
COUNTY O	F		
I_	being duly sworn deposes and says:  (Name of Applicant)		
1.	THAT the affidavit herein concerns the following property address:		
2.	THAT the person, corporation or entity holding legal title to such parcel of land in as follows:		
Ow	ner 1Owner 3		
Ow	ner 2Owner 4		
3.	THAT the person, corporation or entity holding an equitable interest in the property by contract or otherwise is as follows:		
Ow	ner 1 Owner 3		
Ow	ner 2Owner 4		
4.	THAT I/we acquired the interest in the above described parcel of land on by Deed or land contract.		
5. Cal	THAT the liber and page of each conveyance of interest which I/we have obtained is recorded in the houn County Register of Deeds is as follows:		
Lib	er Page		
Lib	er Page		
Lib	er Page		
6.	THAT my interest in the above described parcel is described as:		
	Owner not subject to land contract fulfillment		
	Owner subject to land contract fulfillment		
	Lessee		
7.	THAT if a corporation has any interest in the above described parcel, the directors and officers are as follows:		

8. THAT this affidavit is completed to become a part of the Township of Athens, Calhoun County, Michigan.	e Zoning Board of A	appeals Variance Application of
Further deponent sayeth not(Applicant Signature SUBSCRIBED AND SWORN before me this	)	_ Date20
Notary Public, County Michigan My Commission Expires:		