

APPLICATION TO THE ZONING BOARD OF APPEALS  
Metamora Township

(810) 678-2237  
730 WEST DRYDEN ROAD, METAMORA, MI 48455

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

COMMON DESCRIPTION OF PROPERTY AND ADDRESS, IF ISSUED: \_\_\_\_\_

COMPLETE LEGAL DESCRIPTION  Attached  Included on site plan  
REQUIRED SITE PLAN  Attached \*\*\* Application will not be accepted without required plan\*\*\*

EXISTING ZONING \_\_\_\_\_ EXISTING USE \_\_\_\_\_

- TYPE OF REQUEST
- A variance from the Zoning Ordinance (Attach Supplemental Information Sheet)
  - An interpretation of the  text or  Map of the Zoning Ordinance
  - Administrative Review
  - Temporary Use Permit

Under Section \_\_\_\_\_ of the Zoning Ordinance

PROPOSED USE \_\_\_\_\_

THE APPLICANT REQUESTS THAT THE FOLLOWING BE GRANTED \_\_\_\_\_

THE REASON FOR THIS REQUEST IS \_\_\_\_\_

ESTIMATED COMPLETION DATE OF PROPOSED PROJECT \_\_\_\_\_

ARE YOU THE SOLE LEGAL OWNER OF PROPERTY?  YES  NO

Provide names, addresses and signatures for all persons with a legal or financial interest in the property. All persons having legal interest in the property must sign this application.

	Name (Please Print)	Address	Interest	Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I do hereby swear that all the statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of all owners of the property.

\_\_\_\_\_  
Signature of Applicant Date

*Provide five (5) copies of this completed form and the required site plan. The applicant is responsible for obtaining a copy of the Zoning Ordinance from the Township Clerk. The applicant or representative must be present at the Zoning Board of Appeals meeting or no action will be taken.*

Date Received \_\_\_\_\_ Office Use Only By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

ZBA Public Hearing (Date) \_\_\_\_\_ Case # ZBA -- --

**SUPPLEMENTAL INFORMATION – VARIANCE REQUESTS ONLY**

Zoning Board Of Appeals Case # ZBA --            --

Please answer each of the following questions. The responses will be used by the Zoning Board Of Appeals in its review of this case. The case will be heard whether or not the questions are completely answered. It is to your advantage to answer each question as completely as possible.

1. Why would strict compliance with the zoning ordinance prevent the owner from using the property for a permitted purpose, or be unnecessarily burdensome?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. How will the requested variance insure substantial justice (fairness) to both the applicant as well as other property owners?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Why would a lesser variance that would be more fair to other property owners not give substantial relief to the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. What is unique about the property that is different from other properties in the area or the same zoning district?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Explain why the requested variance is not due to the actions of the applicant, owner, or their predecessors?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Five (5) copies of this form must be submitted with all variance request applications.**