

# Deerfield Township

Livingston County, Michigan

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## APPLICATION to the ZONING BOARD of APPEALS (ZBA)

(All references to "Section" and "Article" refer to the Deerfield Township Zoning Ordinance)

**Important Notice to Applicants:** This application must be completed in full and 7 copies submitted to the Township Clerk. All questions must be answered completely. If additional space is needed, number and attach additional sheets.

### 1) APPLICANT:

Name

Street Address

City / State / Zip Code

Telephone #

2) Application For:  Administrative Review, Sec. 6.05A  Interpretation, Sec. 6.05B  Variance, Sec. 6.05C

### ADMINISTRATIVE REVIEW

This part is to be completed only for appeals for an administrative review. See Sec. 6.05(A).

#### 3) The applicant requests the reversal or modification of the decision of the:

Zoning Administrator or  Planning Commission or  Township Board (check one),  
made on (date) \_\_\_\_\_ regarding Application No. \_\_\_\_\_.

#### 4) Reversal or modification requested: \_\_\_\_\_

#### 5) Reasoning why reversal or modification is appropriate: \_\_\_\_\_

### INTERPRETATION of ZONING ORDINANCE TEXT or MAP

This part is to be completed for ordinance interpretation requests only. See Sec. 6.05(B).

#### 6) The applicant requests the ZBA make an interpretation of:

- \_\_\_\_\_ a. The location of district boundaries on the Zoning Map as applied to the property described as  
Tax Parcel # \_\_\_\_\_, or by the  attached legal description.
- \_\_\_\_\_ b. The provisions of Section \_\_\_\_\_ of the Ordinance.
- \_\_\_\_\_ c. Other, specify: \_\_\_\_\_

#### 7) Please describe in detail the conditions necessitating an interpretation: \_\_\_\_\_

#### FOR TOWNSHIP USE ONLY

Application Number:				Tax Parcel Number:	
Date Received:				Date of Final Action:	
Fee Paid	Date	Receipt #	Action:		
1)					
2)					
Notes:					

**REQUEST for VARIANCE**

*This part is to be completed for variance requests only. See Sec. 6.05(C).*

*No Land Use Permit shall be granted which relies upon a variance before fifteen (15) days following the ZBA's variance decision has expired.*

**8) State specifically the variance(s) being requested** (such as a 5' reduction on side yard setback, 20% reduction in parking spaces, etc.)

.....  
.....  
.....

**9) Describe the peculiar characteristics of the property that requires the granting of a variance.**

_____ too narrow	_____ elevation	_____ soil/subsurface
_____ too small	_____ slope	_____ other (specify):
_____ too shallow	_____ shape	_____

**10) Describe what is to be done with the property that necessitates a variance.**

.....

**11) Legal description of subject property (or attach legal description):**

.....

**12) Address of Property:** \_\_\_\_\_

**13) This property is:** unplatted or platted or part of a condominium subdivision (circle appropriate answer)

Name of platted or condominium subdivision: \_\_\_\_\_

**14) Present use of the property is:** \_\_\_\_\_

**15) Existing zoning classification of the property is:** \_\_\_\_\_

**16) Are there deed restrictions on the property:** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

**17) SUPPORTING DOCUMENTS:** Seven copies of the following materials shall be submitted as part of an application for a variance in addition to any others noted in this application.

**A. Drawings:** A plan drawn at a readable and accurate scale, of no less than 1" = 100', clearly showing, but not limited to, property lines; lot shape and dimensions; proposed and existing building and structure locations and dimensions; driveway, parking and yard areas; and other features pertinent to the variance request.

**B. Proof of Property Ownership:** Proof of ownership of the property subject to the application, such as a property deed, or other evidence of interest in the property.

**C. Deed Restrictions:** Copy of all existing deed restrictions impacting the property.

**18) JUSTIFICATION:** Sec. 6.05(C) identifies the basis for the review of variance requests. The applicant is strongly encouraged to submit written documentation addressing the extent to which the variance request complies with the review standards of Sec. 6.05(C).

**19) AFFIDAVIT:** I (we), the undersigned, acknowledge that if a variance is granted, or other decisions favorable to the undersigned are rendered, the said decision does not relieve me (us) from compliance with all other provisions of the Deerfield Township Zoning Ordinance. I(we), the undersigned, affirm that the answers, statements, and information contained herein are in all respects true and correct to the best of my (our) knowledge and belief.

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Applicant's Signature(s)	Date	Property Owner's(s) Signature(s)	Date
		(if different than applicant)	