The completed form should be brought in person. Please do not mail this form.

Powell Township
P.O. Box 319
Big Bay, Michigan 49808
906-345-9345

PETITION FOR A VARIANCE

Applicant:_____

Street/box:_____

City:_____

State/Zip:_____

Daytime Phone:_____

For Zoning Administrator Use Only

File #_____

Date _____

Receipt #_____

Hearing Date _____

Tax Code # _____

Applicant's Interest in Property_____

COMPLETE LEGAL DESCRIPTION OF SITE T____N, R____W, Section_____

_____

Existing Use of Property _____

Proposed Use of Property _____

Variance Requested _____

_____

Applicable Section(s) of the Zoning Ordinance _____

State reasons property cannot be used r structure cannot be placed in compliance with the Zoning Ordinance: (It is required to demonstrate a physical hardship or practical difficulty before a variance can be granted; mere inconvenience is not sufficient to meet statutory requirements. Hardship means that the zoning is so restrictive that no reasonable use of the land is permitted; practical difficulty generally means inability to meet dimensional requirements due to unique physical characteristics of the site.)

_____

_____

SITE PLAN: Please draw to scale! Use reverse or separate sheet. Must comply with Sections 703 or 704.

1) SHOW LOT LINES AND DIMENSIONS
2) SHOW EXISTING AND PROPOSED BUILDINGS – LABEL AND GIVE DIMENSIONS AND IDENTIFY USE OF EACH BUILDING
3) SHOW DISTANCS BETWEEN BUILDINGS AND LOT LINES
4) SHOW RIGHTS-OF-WAY, EASEMENTS AND ACCESS ROADS
5) SHOW NATURAL FEATURES AFFECTING DEVELOPMENT (ROCK, ETC.)
6) SHOW MAN-MADE FEATURES AFFECTING DEVELOPMENT
7) DRAW ARROW POINTING NORTH.

I grant the Zoning Administrator permission to visit and/or photograph the site prior to the hearing

_____ _____

DATE OWNER'S SIGNATURE

(Continued on reverse)

Public Hearing in accordance with Section 1002 held on (Date):_____

Attendance (Number):_____

Comments:_____

VARIANCE APPROVED:_____

VARIANCE DENIED:_____

Remarks:_____

Date:_____

Signature:_____
Powell Township zoning Bard of Appeals