

**GRANT TOWNSHIP
ZONING BOARD of APPEALS**

ZONING VARIANCE APPLICATION

Date _____ Case # _____ Fee _____

Applicant Information

NAME _____
PHONE _____ FAX # _____ E-MAIL _____
ADDRESS _____

Owner Information (If different from applicant)

NAME _____
PHONE _____
ADDRESS _____

**Names & Addresses of ALL Other Persons, Firms, or Corporations having a
Legal Interest in the Property:** _____

Property Information

ADDRESS/LOCATION _____
PARCEL # _____
ZONING (CURRENT) _____ PROPERTY SIZE _____
LEGAL DESCRIPTION _____

NEAREST CROSS STREETS _____

Description of Proposed Use/Request (use other side or attach pages as needed)

Instructions: The Notice of Appeal must be accompanied by a check in the amount of \$125.00 made payable to the Township of Grant.

Complete the appropriate section below. Additional information is to be supplied on separate sheets if the space provided on this form is inadequate. PLANS MUST BE SUBMITTED 3 WEEKS (21 DAYS) PRIOR TO MEETING. TEN (10) COPIES OF THE APPLICATION AND BLUEPRINT DRAWINGS OR PLANS ARE REQUIRED. PLEASE HAVE THEM PRE-FOLDED, TO QUARTER SIZE, WITH THE SEAL ON THE OUTSIDE. Attach plans, drawn to scale, showing shape and dimension of lots, buildings and lines of proposed building to be erected, altered or changed, and also indication setbacks, relationship to neighborhood lots, and other pertinent information. *(if adequate number of copies are not provided by applicant, a fee will be charged established by Grant Township Board resolution.)*

Application for appeal shall be made in the name of the owner, or at the discretion of the Board, by persons having substantial interests and rights in the premises affected. The owner of the property must sign the application. If the applicant is not the owner, but has substantial interest or rights in the property, that person(s) must also sign the application. The appellant may appear on his own behalf or may be represented by an attorney or agent at the hearing.

SECTION A: ADMINISTRATIVE REVIEW

The appellant respectfully requests that an interpretation be made by the Board of Appeals, of Article _____, Section _____, of the Grant Township Zoning Ordinance.

An appeal is requested for a review of a determination made by the Zoning Ordinance enforcing officer, or any other body or official administering or enforcing provisions of Zoning Ordinance. *(see Article 6, Section 6.05A, of Grant Township Ordinance)* _____

SECTION B: INTERPRETATION OF ORDINANCE

An appeal is made for an interpretation of the Zoning Ordinance as follows. Article _____, Section _____, of the Grant Township Zoning Ordinance *(see Article 6, Section 6.05B, of Grant Township Ordinance)*

SECTION C: DIMINSIONAL VARIANCES

(see Article 6, Section 6.05C, of Grant Township Ordinance) _____

SECTION D: TEMPORARY DWELLINGS

(see Article 20, Section 20.05A, of Grant Township Ordinance) _____

The following unnecessary hardship will result if the variance is not granted: _____

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of applicant

Date

Signature of applicant

Date

Optional: I hereby grant permission for members of the Grant Township (Planning Commission) (Zoning Board of Appeals) (Township Board) (or Zoning Administrator) to enter the above described property for the purposes of gathering information related to this application. *Note to the applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of applicant

Date

Signature of applicant

Date

OFFICE USE ONLY

DATE RECIEVED _____

FEE PAID _____

SITE PLANS _____

NUMBER OF COPIES _____

COPY OF APPLICATION _____

NUMBER OF COPIES _____

APPLICATION ACCEPTED BY _____
