

# Columbia Township

Jackson County, Michigan

8500 Jefferson Road, Brooklyn, MI 49230 • Phone (517) 592-2000 • Fax (517) 592-8115

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

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

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

1) Applicant: \_\_\_\_\_  

Name
Street Address
City/State/Zip
Telephone

2) Application For:  Administrative Review (Sec. 16.5)    Interpretation (Sec. 16.6)    Variance (Sec. 16.7)

3) Applicant's Interest in Property:  Owner    Lessee    Buy Option    Other/Specify: \_\_\_\_\_

### Part A: ADMINISTRATIVE REVIEW

*This part is to be completed only for appeals for an administrative review. See Sec. 16.5.*

1) 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. \_\_\_\_\_

2) Reversal or modification requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Reasoning why reversal or modification is appropriate (See Sec. 16.5(B)): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Part B: INTERPRETATION of ZONING ORDINANCE TEXT or MAP

*This part is to be completed for ordinance interpretation requests only. See Sec. 16.6.*

1) The applicant requests the ZBA make an interpretation of:  
 \_\_\_\_\_ a. The location of district boundaries on the Zoning Map as applied to the property with the property tax # \_\_\_\_\_ or by the  attached legal description.  
 \_\_\_\_\_ b. The provisions of Section \_\_\_\_\_ of the Ordinance.  
 \_\_\_\_\_ c. Other, specify: \_\_\_\_\_

2) Please describe in detail the conditions necessitating an interpretation by the ZBA.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For TOWNSHIP USE Only			
Application Number:		Property Tax Number:	
Date Received:		Date of Final Action:    -    -	
Fee Paid	Date	Action:	
1)			
2)			
Notes:			

**Part C: REQUEST for VARIANCE**

*This part is to be completed for variance requests only. See Sec. 16.7.*

- 1) State specifically the variance(s) being requested (such as a 5' reduction of side yard setback, 20% reduction in parking spaces, etc.)  
\_\_\_\_\_
- 2) Describe the peculiar or unusual characteristics of the property that requires the granting of a variance.  
\_\_\_\_\_
- 3) Describe what is to be done with the property that necessitates a variance.  
\_\_\_\_\_
- 4) Legal description of subject property (or attach):  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Address of Property: \_\_\_\_\_
- 6) This property is: unplatted or platted or part of a condominium (circle appropriate answer)  
Name of plat or condominium: \_\_\_\_\_
- 7) Present use of the property is: \_\_\_\_\_
- 8) Existing zoning classification of the property is: \_\_\_\_\_
- 9) Are there deed restrictions on the property:  No  Yes
- 10) **SUPPORTING DOCUMENTS:** 7 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 scale, clearly showing, but not limited to, property lines, lot shape and dimensions, proposed and existing building locations and dimensions, parking and yard areas, and features for which a variance is being requested.
  - 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.
- 11) **JUSTIFICATION:** Section 16.7(B) identifies the basis for the review of variance requests. The applicant is strongly encouraged (not required) to submit written documentation addressing the extent to which the variance request complies with the review standards of section 6.07(B).
- 12. **LIST of ATTACHMENTS:** Check attachments as applicable and note the number of pages of each:
  - Legal Description; pages \_\_\_\_
  - Deed Restrictions; pages \_\_\_\_
  - Other \_\_\_\_\_; pages \_\_\_\_
  - Other \_\_\_\_\_; pages \_\_\_\_
  - Proof of Property Ownership; pages \_\_\_\_
  - Drawings; pages \_\_\_\_

**Part D: AFFIDAVIT**

*This part is to be completed for all ZBA applications.*

I (we) agree the statements made above are true and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be voided. I (we) agree that any Zoning Board of Appeals ruling and subsequent permit that may be issued does not relieve me (us) from compliance with all other provisions of the Township's Zoning Ordinance. I (we) grant permission to officials of the Township, the County and the State of Michigan to enter the property subject to this application for purposes of inspection upon reasonable notification. I understand any decision or ruling by the Zoning Board of Appeals conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant's Signature(s) and Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Property Owner's(s) Signature(s) and Date  
(if different than applicant)