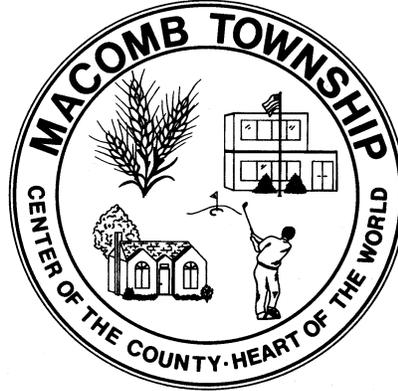


# Macomb Township

54111 Broughton Road Macomb, MI 48042 (586) 992-0710 Ext. 2276

[www.macomb-mi.gov](http://www.macomb-mi.gov)



## APPLICATION PACKET

FOR

## LAND DIVISION VARIANCE

### APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Planning Department.

Please use only the forms provided with this application. No other forms, however similar, will be accepted.

# CHECKLIST OF DOCUMENTS REQUIRED FOR LAND DIVISION VARIANCE APPLICATION

MACOMB TOWNSHIP PLANNING COMMISSION  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 Ext. 2276

Please place a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Planning Department.

- Payment of application fee of \$500.00. Please make your check payable to '**Macomb Twp. Treasurer**' (**Funds are non-refundable**).
- One (1) copy of the completed Land Division Variance Application form, found on page 3.
- One (1) Documentation Supporting The Request Form, found on page 4.
- One (1) copy of Affidavit of Ownership Form, found on page 5, accompanied by two (2) copies of Proof of Ownership; Land Contract, Affidavit of Land Contract, Option Agreement, Deed, etc.
- One (1) Verification of recorded Legal Property Form, found on page 6. (**Applicant must have the Township Assessor verify the Legal Description**).
- Fifteen (15) copies of a site plan showing the subject property and the provision in question.

## **ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:**

1. **Forms.** Please use only the forms provided with this application. No other forms, however similar, will be accepted.
2. **Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with staff or planning consultant.
3. **Attendance Required at Public Hearing.** The Macomb Township Planning Commission requires the Applicant or the Applicant's Representative to be present at the Public Hearing, otherwise the item will be tabled to another meeting date.
4. **Planning Commission Policy Regarding Request To Table.** Should the petitioner request the tabling of a scheduled matter, an amount equal to one-half the original fee shall be charged. Said fee shall be remitted to the Township within two working days of the rescheduling of the matter. If the fees are not paid, the matter may be withdrawn from the agenda.
5. **Department Reviews.** Submittal of this application does not imply that the plans are acceptable, the review of the information by all departments and agencies will indicate if they are acceptable.

## LAND DIVISION VARIANCE REVIEW PROCESS

- Step 1:** Applicant submits one (1) completed Land Division Variance Application Packet.
- Step 2:** The application is distributed to the Macomb Township Department Heads, Consultant Planners and the township Engineer for review. All reviews will be submitted to the Planning Department in writing.
- Step 3:** Notices of Public Hearing will be sent to the property owner and owners of property within 300 feet of the subject property.
- Step 4:** Once reviews are received, the Planning Commission shall consider the request at its next reasonable meeting date and make a recommendation to the Board of Trustees.
- Step 5:** The Planning Commission shall only recommend approval of variances that it deems necessary to or desirable for the public interest.
- Step 6:** Township Board shall consider the request at their next scheduled meeting. It shall either approve or deny the requested Variance.
- Step 7:** The Planning Department will send letters communicating the decision of the Township Board to the applicant.
- Step 8:** If approved, the Planning Department drafts a Notice of Variance and sends to the applicant for signatures. The applicant has 30 days to return to the Planning Department the signed Notice of Variance with the appropriate recording fee according to the County fee schedule.
- Step 9:** Once received, the Planner will sign it and send it to the County Clerk & Register of Deed's office for recording.
- Step 10:** Upon receipt of a stamped recorded Notice of Variance from the County Clerk, a copy of same shall be sent to the applicant for their files.





**AFFIDAVIT OF OWNERSHIP**

**NOTICE TO ALL APPLICANTS FOR ZONING ORDINANCE REVISION OR RELIEF OR LAND DEVELOPMENT**

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all applications for Zoning Ordinance Revision or Relief and Land Development in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lessee, etc.)** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to \_\_\_\_\_, it is necessary to establish the fee title holder's intention and desire to  
(a land contract, option, lease, etc.)  
have the subject property receive Township approval.

(I), (We), \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter described, acknowledge (my) (our) agreement to permit/allow the property described within the attached application for \_\_\_\_\_ receive consideration by Macomb Township.  
(application to be filed)

(I), (We) further authorize \_\_\_\_\_, as a(n)  
(name of applicant)  
\_\_\_\_\_ of the property, to process an Application with the Township of  
(recite applicant's interest in property)  
Macomb on (my) (our) behalf.

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

STATE OF MICHIGAN  
ss.  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
(name of applicant)

\_\_\_\_\_ to me known to be the person(s) described in and who executed the

foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as  
(he, she, they)

\_\_\_\_\_ free act and deed.  
(his, her, their)

\_\_\_\_\_  
Notary Public  
Macomb County, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in Macomb County, Michigan

**VERIFICATION OF RECORDED LEGAL PROPERTY**

**PROJECT NAME** \_\_\_\_\_

**Application To Be Filed (check off)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Variance           | <input type="checkbox"/> Technical Change           | <input type="checkbox"/> House Move-on                    |
| <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign            |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Final Preliminary Plat     | <input type="checkbox"/> Certificate of Zoning Compliance |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Preliminary Plan Review    | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Revised Site Plan  | <input type="checkbox"/> Final Plan Review          |   |

**PERMANENT PARCEL NO. 08 -** \_ \_ - \_ \_ - \_ \_ .

PUBLIC ROAD(S) FRONTAGE \_\_\_\_\_

ADDRESS OF PARCEL (if available) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

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**Do Not Write Below This Line – Assessor’s Use Only**

Is the property proposed for use properly recorded with Macomb Township?     YES         NO

COMMENTS:

\_\_\_\_\_  
**Daniel Hickey, Township Assessor**