APPLICATION PACKET

FOR

ZONING BOARD OF APPEALS (ZBA) VARIANCE

APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain every page from this application packet. 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.

The information contained herein represent requirements contained in the Macomb Township Zoning Ordinance #10
CHECKLIST OF DOCUMENTS REQUIRED FOR ZONING BOARD OF APPEALS (ZBA) VARIANCE

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

*** The Zoning Board of Appeals meets the Second Tuesday of January, March, May, July, September, November. ***

All applications must be received at least one month in advance of a meeting date to be considered.

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.

- One (1) completed Variance Application form, found on page 3. (Remember to have the Building Official sign the Application).
- Payment of $500.00 review fee per Variance application. The fee for requests for special meetings is $1,100.00. Please make your check payable to ‘Macomb Twp. Treasurer’ (Funds are non refundable)
- Ten (10) copies of a Site Plan with location noted (drawn to scale and tri-folded). The site plan must be drawn to a maximum of 1” = 20’ and minimum of 1” = 50’, and shall contain the following:
  1. Dimensional elements for which a variance is requested.
  2. Dimensional relationships of the subject lot to the structures located on all adjacent properties.
- Ten (10) copies of Floor Plan(s).
- Ten (10) copies of Elevation Drawings.
- A written explanation of the practical difficulty that will occur without the granting of this variance request. You may use the ‘Documentation Supporting The Request’ form, found on page 4. Please explain:
  1. How the strict enforcement of the provisions of the Township Zoning Ordinance would cause a practical difficulty or unnecessary practical difficulty and how such enforcement would deprive the owner of rights enjoyed by all other owners of property within the same Zoning District.
  2. How conditions and circumstances unique to the property are not similarly applicable to other properties located within the same Zoning District.
  3. How conditions and circumstances unique to the property were not created by the owner, or his predecessor in title, within the time following the effective date of the provision alleged to adversely affect such property.
  4. Why the requested variance will not confer special privileges that are denied other properties that are similarly situated and which are located in the same Zoning District.
- One (1) completed Affidavit of Ownership form, found on page 5 of this application packet.
- Two (2) copies of proof of ownership; land contract, affidavit of land contract, option agreement, deed or lease agreement.
- One (1) completed Verification of Recorded Legal Property form, found on page 6. (Applicant must have the Township Assessor verify the Legal Description).
ZBA VARIANCE REVIEW PROCESS

Step 1: The Applicant will submit an application, with the required fee and site plan.

Step 2: The application will be placed on the next reasonable meeting date of the ZBA for a public hearing. All applications must be received by the Planning Department at least one month prior to a meeting date to be considered.

Step 3: The Planning Dept. shall publish the hearing in a local newspaper and will notify all residents and property owners within 300 feet of the property in question.

Step 4: The ZBA will consider the application against several conditions as listed in the Zoning Ordinance (see §10.2405 H) and will either approve, approve with conditions or deny the request after the public hearing.

Step 5: Planning Dept. drafts the Notice of Variance and sends to the applicant for signature (see §10.2405 (l)). The applicant has 30 days to return to the Planning Dept. the signed Notice of Variance with the appropriate recording fee according to the County Clerk’s recording fee schedule.

Step 6: Once received, the Planner will sign it and send it to the County Clerk & Register of Deed’s office for recording. A copy of same shall be sent to the applicant for their files.

ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:

1. Application Deadline. Macomb Township requires all ZBA Variance applications be submitted at least one month prior to the requested regular meeting date.

2. Attendance Required at the Public Hearing. The Zoning Board of Appeals requires the Applicant or their Representative to be present at the Public Hearing, otherwise the item will be tabled to another meeting date.

3. Zoning Board of Appeals 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.

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

5. Fees. A fee of $100.00 per ½ hour shall be charged for meetings with staff or planning consultant.

6. Reconsideration. The Zoning Board of Appeals shall not reconsider a variance request for which a decision has been made previously.

7. Appeals of Decision. The decision by the Board of Appeals shall be final. However, a person having an interest affected by the Zoning Ordinance may appeal to the Circuit Court.

8. Termination. A variance granted under this Ordinance shall terminate if there is any change in the lot area for which the variance was granted, or if the terms and conditions of the variance are violated.
APPLICATION FOR ZONING BOARD OF APPEALS (ZBA) VARIANCE

MACOMB TOWNSHIP ZONING BOARD OF APPEALS
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 2276

Regular meetings of the Zoning Board of Appeals are held on the second Tuesday of January, March, May, July, September and November.

Completed applications (PRINTED or TYPED) must be received one month prior to meeting date.

Permanent Parcel No.  08 - ___ - ___ - ___ - ___ - ___.
Applicant’s Name_____________________________________Phone________________________
Address________________________________________City_________________________Zip Code________________
Address of Property_________________________________Zone of Property:
(Include Lot No. and Subdivision Name if applicable) (See Zoning Map of Macomb Twp.)
Applicants’ Representative Name:_______________________Phone________________________
Address:___________________________________________
City: ___________________________ State: ___ Zip code: ______________

Applicant’s Signature________________________________
Property Owner’s Signature______________________________

Location of Property __________________________________(for example: the north side of 23 Mile and 812 feet east of Romeo Plank Road)
Legal Owner of Property_______________________________(Print Owner’s Name) (Legal Owner’s Signature)
Address__________________________________________Phone____________________________

Please indicate the correct section number of the Zoning Ordinance which is being requested for a variance: (You must be specific, giving the section number and a description of the variance requested).

SECTION 10.__________ (From what to what)____________________________
SECTION 10.__________ (From what to what)____________________________
SECTION 10.__________ (From what to what)____________________________
SECTION 10.__________ (From what to what)____________________________

Applicant must have this application signed by the Macomb Township Building Official to verify the Sections of the Ordinance listed above. Our office staff CANNOT do this for you.

____________________________
Building Official’s Signature

Revised: 7/9/2016
ZBA Variance Application Packet
Page 3 of 6
Macomb Township Planning Department
DOCUMENTATION SUPPORTING THE REQUEST

Name of Project

Permanent Parcel Number.  08 - __ __ - __ __ __ - __ __ __.

Applicant’s Name _______________________________ Phone __________________
Address _______________________________ City __________________________ Zip Code __________________

Applicants’ Representative Name: _______________________________ Phone __________________

Please provide a detailed description of the proposed project. For a revised site plan, please describe in detail the changes made from the original site plan. For a Certificate of Zoning Compliance or Site Plan Review, list number of employees to be on site for each work shift and number of vehicles, if any.

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PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION SUPPORTING THIS REQUEST

________________________________________

Applicant’s Signature

Revised: 7/9/2016

ZBA Variance Application Packet
Macomb Township Planning Department
**AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, 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 (Land contract, option, lease, etc.) it is necessary to establish the fee title holder’s intention and desire to have the subject property receive Township approval.

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

(I), (We) further authorize __________________________ as a(n) __________________________ of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

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**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:**

08 - __ __ - __ __ __ - __ __ __

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**STATE OF MICHIGAN**

ss. **COUNTY OF MACOMB**

On this __________ day of __________, 20__, before me personally appeared __________________________

________________________________________ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that __________________________ executed the same as __________________________ free act and deed.

________________________________________

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)

☐ Variance        ☐ Tentative Preliminary Plat        ☐ Sign(s) / Ground Sign
☐ Rezoning        ☐ Final Preliminary Plat        ☐ Certificate of Zoning
☐ Site Plan Approval ☐ Preliminary Plan Review    Compliance
☐ Special Use Permit ☐ Final Plan Review
☐ Revised Site Plan ☐ House Move-on

PERMANENT PARCEL NO. 08 - __ __ - __ __ __ - __ __ __.

PUBLIC ROAD(S) FRONTAGE

ADDRESS OF PARCEL (if available)

OWNERS NAME

ADDRESS OF OWNER

LEGAL DESCRIPTION
(INSERT HERE)

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