

MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 •

586-992-0710 Ext. 7103

www.macomb-mi.gov



APPLICATION PACKET FOR:

TOWN CENTER COMMITTEE (TCC) MTC Deviation Request

APPLICANTS TAKE NOTE 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 reviewed 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.

If you would like to meet with staff before submitting any application we are more than happy to accommodate such a meeting. In fact, we encourage it! Please call or email us to schedule a meeting.

TCC MTC DEVIATION REVIEW APPLICATION

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted with proper payment (as indicated in the application) in an envelope stating “Attention: Planning Department,” the project name, and type of project on the outside of the envelope and placed in the night drop off box at the back of the building at Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 (alternatively the package can be dropped off with the Planning Department at Town Hall, or mailed to this address). No plans or supplemental information is required with the submittal of the check, just the application. In addition to this hard copy submittal, **A PDF OF THE APPLICATION, A COPY OF THE CHECK, AND ANY/ALL PLANS AND SUPPLEMENTAL INFORMATION MUST BE EMAILED TO PlanDropbox@macomb-mi.gov**. Once the package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

All applications must be received at least one month in advance of meeting date to be considered. The Town Center Committee meets the second and fourth Monday of each month, as needed.

- A completed application**, we will not accept incomplete applications or missing pages. The application must be signed by the Building Official;
- Payment** – Please make your (non-refundable) check payable to “Macomb Township Treasurer”. Payment for fee per residential deviation request (pool, fence, shed, etc.) is \$350.00 and all others are \$600.00. Additional \$750.00 fee to request a Special Meeting Date. Payment must be provided per the instructions above. Failure to do so will delay the review process;
- Letter**, describing in detail the purposed use of the property;
- Site Plan** with location noted. The site plan must be drawn to a maximum 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;
- Floor Plan(s)**;
- Elevation Drawing(s)**;
- Written Explanation of the Difficulty** that will occur without the granting without this property within variance request. You may include this in your letter describing the proposed use of the property. 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 in 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 at 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 ;

Copy of **proof of interest** in the property (i.e. deed, land contract, lease, purchase option, etc.);

ALL APPLICANTS TAKE NOTICE TO THE FOLLOWING:

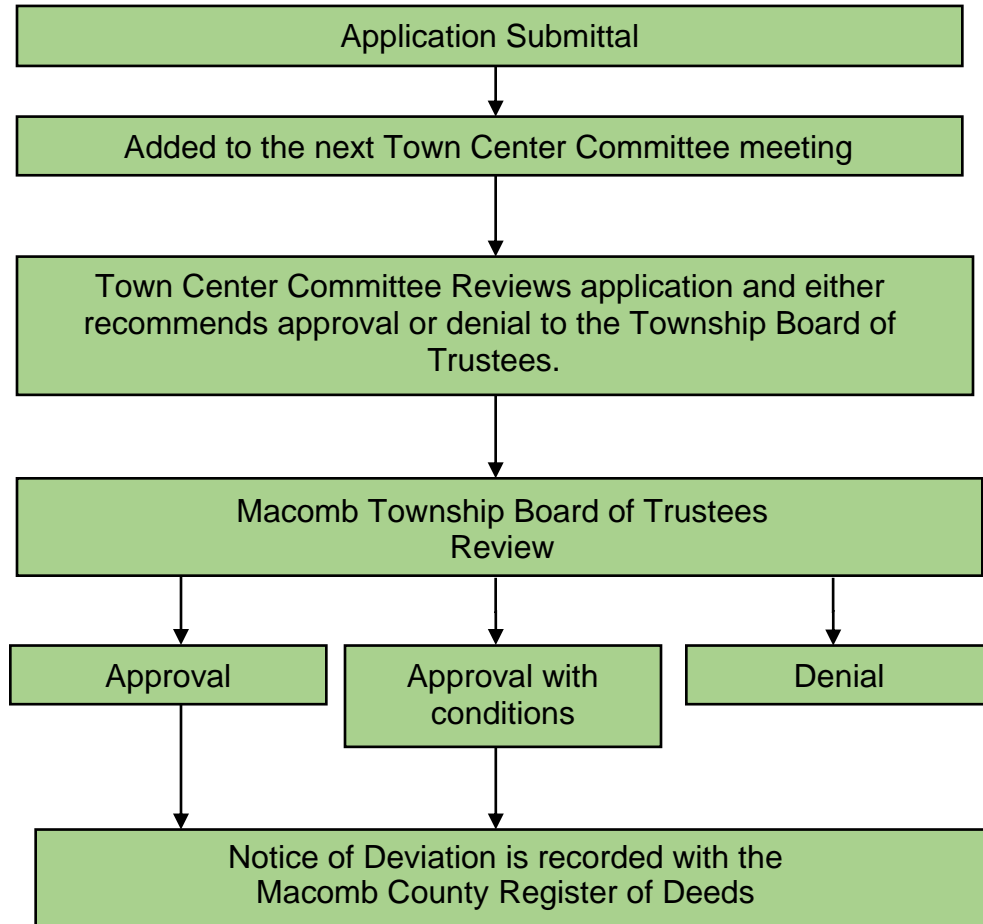
1. **Application Deadline.** Macomb Township requires all TCC applications be submitted at least one month prior to the requested regular meeting date.
2. **Time Charge for Planning Consultant.** In some instances, the use of outside consultants may be needed, and if deemed necessary, their hourly rate may be added to the review fee.
3. **Reconsideration.** The Town Center Committee shall not reconsider a deviation request for which a decision has been made previously.
4. **Appeals of Decision.** The decision by the Township Board of Trustees shall be final. However, a person having an interest affected by the Zoning Ordinance may appeal to the Circuit Court.
5. **Termination.** A deviation granted under this ordinance shall terminate if there is any change in the lot area for which the deviation was granted, or if the terms and conditions of the deviation are violated.

TCC MTC DEVIATION REVIEW APPLICATION

OVERVIEW

What is a MTC Deviation? A deviation is official permission to deviate from a specific ordinance when certain findings have been made.

What are the procedures for a MTC Deviation Review? Upon receipt of a complete application for the deviation the Planning Department will add the request to the next Town Center Committee (TCC) meeting.



TCC MTC DEVIATION REVIEW APPLICATION

APPLICATION

Permanent Parcel Number: 08 - _ _ - _ _ - _ _ .

Applicant's Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Applicant's Signature _____

Representative Name _____ Phone _____
(if different from applicant)

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Location of Property _____
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Please indicate the correct section number of the Zoning Ordinance which is being requested for a deviation. You **must** be specific, giving the section number and a description of the deviation 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 page 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

TCC MTC DEVIATION REVIEW APPLICATION

VERIFICATION OF RECORDED LEGAL PROPERTY

PROJECT NAME _____

PERMANENT PARCEL NO. 08 - _ _ - _ _ - _ _ - _ _

PUBLIC ROAD(S) FRONTAGE _____

ADDRESS OF PARCEL (if available) _____

OWNERS NAME _____

ADDRESS OF OWNER _____

LEGAL DESCRIPTION

**(Please print or type the description here or attach hereto.
Please indicate if the description is attached)**