

**Hayes Township**  
**Zoning Variance Application**  
Zoning Administrator Phone (231) 497-9360

**GENERAL INFORMATION**

Name of Property  
Owner(s) \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**PROPERTY INFORMATION**

Property Tax Code Number: 15- 007- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal  
Address \_\_\_\_\_

Nearest Road  
Intersection \_\_\_\_\_

Zone District \_\_\_\_\_

Please type or print; fill in all blanks and return with **\$700.00** fee payable to Hayes Township

**VARIANCE OR INTERPRETATION REQUESTED**

Relief from the following Zoning Ordinance Section(s)

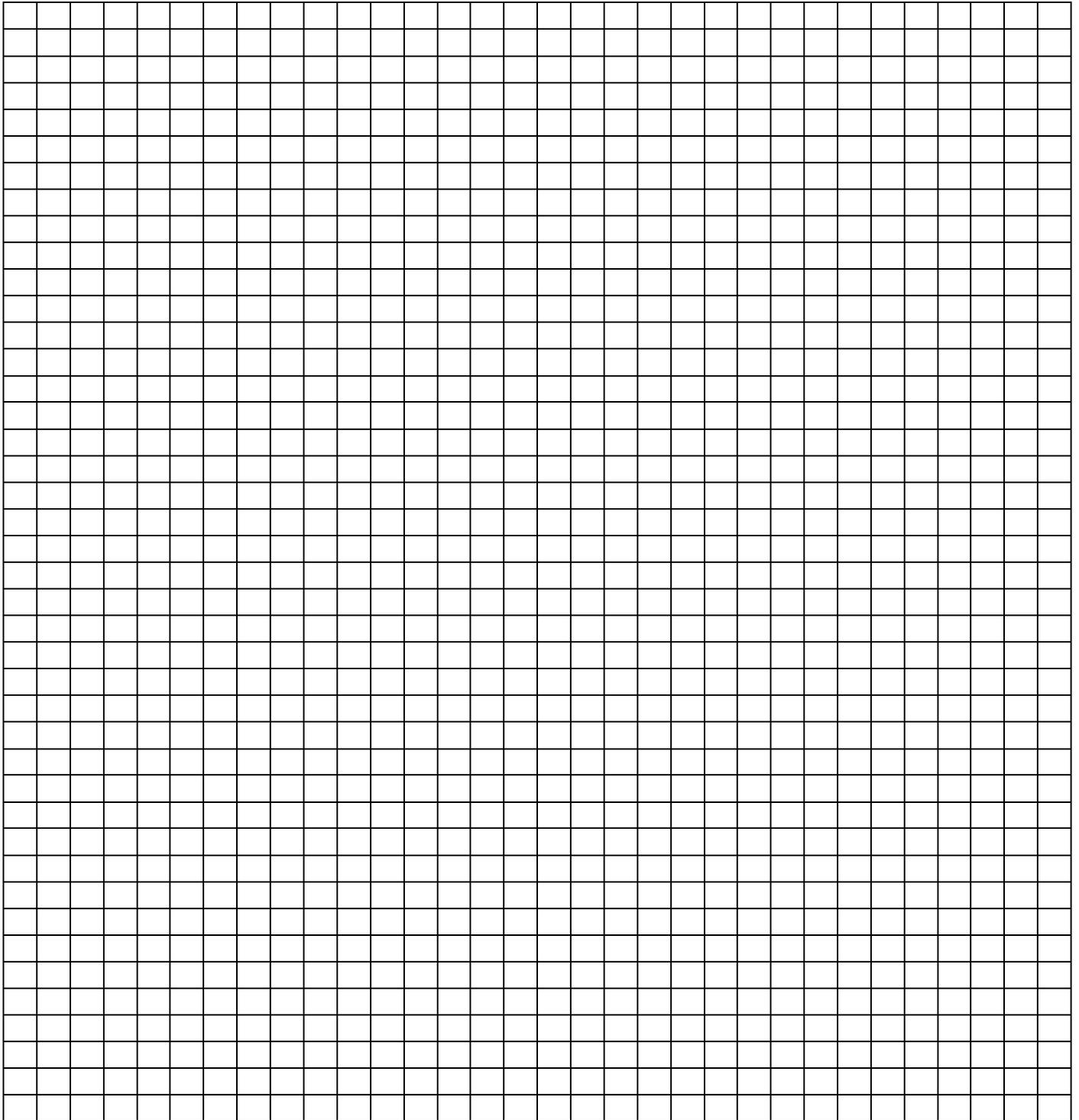
Section: \_\_\_\_\_

Please review the online copy of the zoning ordinance for the exact section number.  
[charlevoixcounty.org/hayes.asp](http://charlevoixcounty.org/hayes.asp)

Submit an exact scaled drawing on the reverse side of this document or on a separate sheet of paper showing

- lot location (road names, lakeshore, streams, easements, rights-of-ways, unusual topographic features),
- lot dimensions,
- location and dimensions (including height) of existing and proposed structure(s),
- distance between structure(s) and front, rear, and sides lot lines,
- location of driveway giving distance to nearest side lot line,
- locations of well, septic tank and drain field,
- other structures and uses within 100 feet of the property.

Note: Applicant must supply exact maps, drawings, etc. in order to inform the Zoning Board of Appeals of the type of building or activity, and how it will look when desired construction is completed.



**NOTE: The Township must inspect the layout of the building and verify all application information. The signature of the applicant on this application authorizes the inspection of this property. Please call the Zoning Administrator at 231-497-9360 when the site is staked, but before construction begins. Mail completed application to: Zoning Administrator, 09195 Old US 32 N, Charlevoix, MI. 49720. You may also contact the Zoning Administrator at [zoning@hayestownshipmi.gov](mailto:zoning@hayestownshipmi.gov). Whenever your property has an improvement added, it is added to the Hayes Township Assessment Roll. The Hayes Township Assessor is notified of new zoning permits & will visit your property to assess the improvements. If you prefer to have an appointment vs the assessor coming to your home unannounced, you should contact the assessor to schedule an appointment. Anne Kantola, Assessor, 231-497-9361.**

**DESCRIBE REASON FOR REQUESTED VARIANCE,  
INCLUDING EXACT SIZE AND TYPE OF VARIANCE NEEDED.**

**DESCRIBE THE PRACTICAL DIFFICULTY THAT EXISTS**

What are the unique conditions of your situation)?

**EFFECT ON APPLICANT IF VARIANCE IS DENIED**

What specific problem(s) would be created to you, as applicant, if your request is not granted? What rights that others enjoy, will you be denied if this variance is denied?

**EFFECT OF REQUESTED VARIANCE ON OTHER PROPERTIES**

If your variance request is granted, what effect will it have on the area? Does your request represent a change in the types of uses permitted? Will it hamper access by emergency vehicles or personnel? Will it restrict light, air, or access to adjacent properties? Will it in any other way create problems or concerns to other properties in the area?

**APPLICANT'S STATEMENT AND AUTHORIZATION**

I understand that if the requested variance is granted, I am in no way relieved from all other applicable requirements of the Hayes Township Zoning Ordinance. It is also understood that any approval by the Zoning Board of Appeals involving site improvements, use, and/or construction does not relieve the applicant from obtaining other applicable authorizations (for example, site plan, building, health department, soil erosion , and engineering approval, etc.).

I authorize Hayes Township staff and Zoning Board of Appeals members to enter upon the subject property for purposes of making site inspections related to the project and request identified in this application.

I believe that all the above information in this Zoning Variance Application is accurate to my fullest knowledge.

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must supply seven (7) copies of all required documents (1 original & 6 copies)

Property owners within 300 feet of this property will be notified by US mail of this variance request

The general public will be notified of this variance request by publication in a local newspaper.

**Application must be submitted by the first of the month to have the request heard the following month.**

Application and fee can be sent to:

Zoning Administrator  
Hayes Township  
09195 Old US 31 N.  
Charlevoix, MI 49720

231-497-9360

**Zoning Administrators Signature** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**NOTE: The Township may need to inspect the layout of the building(s) and property to verify all application information. The signature of the applicant on this application authorizes the inspection of this property.**