

**Hayes Township
Zoning Variance Application
Zoning Administrator Phone (231) 342-9025**

GENERAL INFORMATION

Name of Property
Owner(s) _____

Mailing
Address _____

City _____ State _____ Zip _____

Telephone _____

PROPERTY INFORMATION

Property Tax Code Number: 007- _____ - _____ - _____ - _____

Legal
Address _____

Nearest Road
Intersection _____

Zoning District _____

Please type or print; fill in all blanks and return with **\$275.00** fee payable to Hayes Township

DATE RECEIVED _____

CASE NO. _____

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 at charlevoixcounty.org

Describe Reason for requested variance

Submit an exact scaled drawing 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.

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 six (6) copies of all required documents

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
Charlevoix MI 49720

231-547-6961