

Rives Township, Attn: Janina Teske
348 Main Street
Rives Junction, MI 49277
517-569-3100 / 517-569-3110 fax

ZONING BOARD OF APPEALS

Appeal Number: _____ Date _____

I (We) _____, _____ owners of
Name Address
property at _____

Parcel # _____, (Please attach Legal Description)

Respectfully request a determination be made by the Zoning Board of Appeals on the following appeal or application which was denied by the Building Inspector because, in the opinion of said inspector, should come before the Zoning Board of Appeals.

Members of the Rives Township Zoning Board of Appeals have my (our) permission to visit the property designated on this petition.

Note: Please use the section below as appropriate. If space provided is inadequate, use separate sheet.

.....

I: **Appeal for Zone Variance**
As provided by the Zoning Ordinance
A: Provision of the Zoning Ordinance from which variance is sought. _____

B: Special circumstances or unusual conditions attached to the property, which do not apply to other properties in the same district or vicinity. _____

C: Nature and extent of unnecessary hardship or practical difficulties involved in carrying out the strict letter of the zoning ordinance. _____

D: Attach plot plan, showing lines, location of existing buildings, proposed buildings and any additions to existing buildings, plus distance from property lines.

E: Date property was acquired: _____

II: Appeal for Interpretation

Relating to the Enforcement of Zoning Ordinance

A: Article, section, subsection, or paragraph in question. _____

B: Describe if interpretation of district map. _____

III: Application for Special Exception or Conditional Use as Required by Zoning Ordinance

A: Provision of Zoning Ordinance requiring Board Review. _____

B: Describe type of use and proposed location. _____

C: Attach plot plan, drawn to scale, showing lot, location of existing buildings, proposed buildings and any additions to existing buildings, plus distance from property lines.

D: Justification for granting permit. _____

Fees: \$ _____

Signature of Applicant

Date Paid

Receipt Number: _____ Applicant's Phone Number: _____

For Zoning Board of Appeals Use ONLY

Appeals received _____
Date

Public Notice published _____
Date

Public Notice Mailed _____
Date

Hearing Held _____
Date

Decision of Board of Appeals: _____

Reasons: 1. _____

2. _____

3. _____