

**Billings Township
Zoning Board of Appeals**

Before beginning, read through the Zoning Appeal Guidelines for the application. Provide in all requested information. If a question does not apply to your appeal, mark the form N.A. Print or type all information clearly as this is a legal document.

FOR OFFICE USE ONLY

File number _____

Date Received: _____

Appeal Category:

a.____ Dimensional Variance

b.____ Interpretation

c.____ Administrative Decision

Appeal Fee : \$ _____

Date Paid: _____

HEARING DATE: _____

____ APPROVED

____ APPROVED with conditions

____ DENIED

Application Questions: Billings Township Zoning Administrator, Tele: 989-435-4037
Billings Township Hall Fax: 989-435-8356
1050 Estey Road
Beaverton, Michigan 48612

1. Applicant Information:

Applicant Name _____

Street Address _____

City/State/Zip _____

Telephone: Home: () - - Work: () - -

2. Reason for Appeal: (Check one)

a.____ Zoning Dimensional Variance
(Answer section numbers 1, 2, 3, 4, and 7 on this application)

b.____ Zoning Interpretation
(Answer section numbers 1, 2, 5, and 7 on this application)

c.____ Zoning Administration Decision
(Answer section numbers 1, 2, 3, 6, and 7 on this application)

3. Property Information:

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*Property Owner(s) _____

Building Address _____

Property Tax Code **26- 030** - ____ - ____ - ____ - ____

Platted: Subdivision _____ Lot No. _____

Unplatted: Description _____

Property location by nearest crossroads:

Current Zoning District: (check one)

- a. ____ A-1 District (Agriculture)
- b. ____ R-1 District (Residential)
- c. ____ C-1 District (Commercial)
- d. ____ I-1 District (Industrial)

Current use of property:

List any deed restrictions that are affected this request: (or attached copy)

* Name and Addresses of all persons having an equitable interest in the property
(All such persons must sign Section 7 of this application)

4. Variance Request:

A non-use variance may be allowed by the Zoning Board of Appeals only in cases where the applicant demonstrates that there are practical difficulties in the way of carrying out the strict letter of the Ordinance related to the construction, equipment, or alteration of the buildings or structures so that the spirit of the Ordinances shall be observed, public safety secured, and substantial justice done.

The Zoning Board of Appeals adopted six variance review standards in which all six conditions must be met before granting a variance request. See the Zoning Appeal Application Guidelines (Form ZBA-02) for more detail.

Applicable Section, paragraph, and page being appealed from the Billings Township Ordinance.

State in detail the nature and content of this appeal request.
(Attach additional sheets of paper if necessary)

Is the Lot or Parcel size non-conforming? Yes No If Yes, explain.

Are any existing structures non-conforming? Yes No If Yes, explain.

Are there any previous approved variances? Yes No If Yes, attach copy.

7. Certification

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The applicant (s) agrees and certifies that the information supplied in this application is accurate and true. This includes any additional material introduced before a final decision related to this appeal is rendered by the Zoning Board of Appeals. The applicant (s) understands that he/they are solely responsible for any material submitted.

The Zoning Board of Appeals will be held harmless for any decision or finding based on inaccurate information or documents which do not include all pertinent information or which do not truthfully or fully represent the facts and conditions related to the request.

The applicant (s) agrees to permit a physical on-site visit by members of the Zoning Board of Appeal on the property under appeal in advance of Appeal Hearing date.

_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date