ZONING BOARD OF APPEALS VARIANCE APPLICATION

Non-Use (Dimensional)

Zoning Board of Appeals: \$400.00

Variance Request: \$150.00

City of White Cloud 12 N. Charles Street/P.O. Box 607 Phone 231-689-1194

Applicant Information:

Name(s)	Owner/Agent/Other Interest (circle one)
	Email Address
Property Ow	ner Information: (if different from applicant)
Name(s)	
Phone	Email address
	peal Information:
Address/Loca	tion
	ID Number
Current Zonin	g of the property Current Use of the property
Current Use of	of area properties
	he ordinance are you appealing? Chapter Section Subsection
Describe your	request and what you wish to board to find:
—A—	FRAIL FOR EVERY SEASON
Required atta	achments:
criteria from detail how yo	Board of Appeals shall not grant a non-use (dimensional) variance unless it finds all Chapter 17, Section 17.07 A. Non-Use (Dimensional) Variance, Items 1-7 are met. State in bu believe you satisfy each of these criteria (see questions below) for a non-use variance. formation may be submitted; however, all questions must be answered completely.
If additional s	pace is needed, number and attach additional sheets: Number of attached sheets:
	e are exceptional or extraordinary circumstances or conditions applying to the property in hat do not apply generally to other properties in the same zoning district.
so genera	condition or situation of the specific piece of property for which the variance is sought and not of all or recurrent a nature as to make reasonably practical the formulation of a general regulation for ditions or situations.
Staff use only	Date Filed Fee Zoning Board of Anneals meeting date Page 1

3.	That the variance is necessary for the preservation and enjoyment of a substantial property right similar to that possessed by other properties in the same zoning district and in the vicinity. The possibility of increased financial return shall not of itself be deemed sufficient to warrant a variance.
4.	The variance will not be significantly detrimental to adjacent property and the surrounding neighborhood.
5.	The variance will not impair the intent and purpose of the City of White Cloud Zoning Ordinance.
6.	That the immediate practical difficulty causing the need for the variance request was not created by any affirmative action of the applicant or the applicant's predecessors in title.
7.	That the reasons set forth in the application justifies the granting of the variance and that the variance is the minimum variance necessary.
rela in a	e ZBA may authorize variances from the terms of the Zoning Ordinance where, owing to special conditions ated to the applicant's property, a literal enforcement of the provisions of the Zoning Ordinance would resul a practical difficulty to the applicant. A variance shall not be granted by the ZBA unless they find that all of standards as stated in Section 17.07 A. items 1-7 are met.
applett	e ZBA shall fix a reasonable time for the hearing of the interpretation/appeal, and give due notice to the olicant and all property owners and occupants within three hundred (300) feet of the subject property via a er sent first class mail not less than fifteen (15) days before the public hearing the time and place of the aring. Any party may appear in person or by agent. A public hearing notice shall also be published in a wspaper of general circulation not less than fifteen (15) days before the public hearing. AFFIDAVIT
and cor app info	cknowledge that if a variance is granted the decision does not relieve me from compliance with all other law direquirements. I affirm that I am involved in this application and that the answers and statements herein attained and the information provided is true, accurate and correct. I understand that if it is not, this olication and any approvals are void. I hereby give city officials permission to inspect the property to verify ormation and to verify compliance with rules and conditions. I also agree that I am able, financially, legally disphysically, and I will commence this use, as approved, within twelve (12) months.
Ap	olicant(s) Signature(s) Date
Ap	olicant(s) Signature(s) Date
	thorized Agent/Representative Signature(s) ust provide/attach authorization letter Date