

**Colfax Township, Weldon Township & Village of Thompsonville
Joint Planning Commission / Joint Zoning Ordinance**

P.O. Box 115, Thompsonville, MI 49683 (231) 378-2377

**APPLICATION to the
JOINT ZONING BOARD of APPEALS (JZBA)**

(All references to "Section" and "Article" refer to the Thompsonville Area Joint Zoning Ordinance)

Important Notice to Applicants: This application must be completed in full and 10 copies submitted to the Zoning Administrator. All questions must be answered completely. If additional space is needed, number and attach additional sheets.

1) APPLICANT:

Name	Street Address	City / State / Zip Code	Telephone #
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2) Application For: Administrative Review (Sec. 15.5) Interpretation (Sec. 15.6) Variance (Sec. 15.7)

ADMINISTRATIVE REVIEW

This part is to be completed only for appeals for an administrative review. See Sec. 15.5.

3) The applicant requests the reversal or modification of the decision of the:

Zoning Administrator or Joint Planning Commission (check one),
made on (date) _____ regarding Application No. _____.

4) Reversal or modification being requested: _____

5) Reasoning why reversal or modification is appropriate: _____

INTERPRETATION of ZONING ORDINANCE TEXT or MAP

This part is to be completed for ordinance interpretation requests only. See Sec. 15.6.

6) The applicant requests the JZBA make an interpretation of:

- _____ a. The location of district boundaries on the Zoning Map as applied to the property described as Tax Parcel # _____, or by the attached legal description.
- _____ b. The provisions of Section _____ of the Ordinance.
- _____ c. Other, specify: _____

7) Please describe in detail the conditions necessitating an interpretation and the reason for the request.

FOR OFFICE USE ONLY

Application Number:		
Date Received:		
Fee Paid	Date	Receipt #
1)		
2)		

Property Tax #:
Date of Final Action:
Action:

Notes:

REQUEST for VARIANCE

This part is to be completed for variance requests only. See Sec. 15.7.

8) **State specifically the variance(s) being requested** (such as a 5' reduction on side yard setback, 20% reduction in parking spaces, etc.) and the pertinent ordinance section numbers pertaining to such request:

.....
.....
.....

9) **Describe the peculiar or unusual characteristics of the property that requires the granting of a variance.**

too narrow soil other (specify): _____
 too small slope _____
 too shallow shape _____

10) **Describe what is to be done with the property that necessitates a variance.**

.....
.....

11) **Legal description of subject property:**

.....
.....

12) **Address of Property:** _____

13) **This property is:** unplatted or platted or part of a condominium subdivision (circle appropriate answer)

Name of platted or condominium subdivision: _____

14) **Existing use of the property is:** _____

15) **Existing zoning classification of the property is:** _____

16) **Are there deed restrictions on the property:** No Yes

17) **SUPPORTING DOCUMENTS:** 10 copies of the following materials shall be submitted as part of an application for a variance in addition to any others noted in this application.

A. Drawings: A plan drawn at a readable scale, clearly showing, but not limited to, property lines, lot shape and dimensions, proposed and existing building locations and dimensions, parking and yard areas, and features for which a variance is being requested.

B. Proof of Property Ownership: Proof of ownership of the property subject to the application, such as a property deed, or other evidence of interest in the property.

C. Deed Restrictions: Copy of all existing deed restrictions impacting the property.

18) **JUSTIFICATION:** Section 15.7 identifies the standards for the review of variance requests. The applicant is strongly encouraged (not required) to submit written documentation addressing the extent to which the variance request complies with the review standards of section 15.7.

19) **AFFIDAVIT:** I (we), the undersigned, acknowledge that if a variance is granted, or other decisions favorable to the undersigned are rendered, the said decision does not relieve me (us) from compliance with all other provisions of the Greater Thompsonville Area Joint Zoning Ordinance. I(we), the undersigned, affirm that the answers, statements, and information contained herein are in all respects true and correct to the best of my (our) knowledge and belief.

Applicant's Signature(s) Date Property Owner's(s) Signature(s) Date
(if different than applicant)