



Armada Township – Macomb County – Michigan
23121 East Main Street, Armada, MI 48005
Zoning Board of Appeals Application # _____

This section for the applicant to fill in: ****The facts presented below are true and correct to the best of my knowledge**

I/we _____ of _____
Name Address

Hereby appeal to the Zoning Board of Appeals, the rulings of:

Zoning Ordinance Inspector Township Board

If ruling was made by inspector and/or township board, include the date of the ruling: _____

Address of property involved: _____

Legal description: _____

Zoning of property: _____

Current use of property: _____

Provisions of the zoning ordinance appealed. Indicate the article, section, subsection and page number of the zoning ordinance being appealed. Do not quote the ordinance: _____

Type of Appeal – Appeal is made herewith for:

A variance from the zoning ordinance

A temporary use permit

An interpretation of the zoning ordinance

This appeal is made for the following reasons: _____

Submission Requirements:

Please provide a detailed, scaled plot plan and elevation drawings showing the nature of the variance request, including, but not limited to: property boundaries, existing and proposed buildings and structures with dimensions to property lines, the height of all proposed structures, and show and label abutting street(s). The requested variance(s) should also be notes on the plot plan. **Please note:** This application and supporting documentation must be filed in triplicate.

The following sections are for the Zoning Board of Appeals and Armada Township use only

At a meeting of the Zoning Board of Appeals/Township Board held on this date: _____

The above described appeal was considered and the request was: Granted Denied

For the following reasons: _____

Requested interpretation: _____

Zoning Board of Appeals Chairman/Township Supervisor: _____

Fee received _____ Received by _____

Site plan received _____ Affidavit received _____

Notices sent _____ Applicant notified _____

Notice published: _____ Name of paper _____

The Zoning Board of Appeals application shall be submitted by the applicant with this signed Affidavit explaining:

1. How the strict enforcement of the provisions of the Township Zoning Ordinance would cause practical difficulty and deprive the owner of rights enjoyed by all other property owners owning property within the same zoning district.

2. The conditions and circumstances unique to the property, which are not similarly applicable to other properties in the same zoning districts.

3. The conditions and circumstances unique to the property were not created by the owner, or his predecessor in title, within the time following the effective date of the provisions alleged to adversely affect such property.

4. Why the requested variance will not confer special privileges that are denied other properties similarly situated and in the same zoning district.

5. Why the requested variance will not be contrary to the spirit and intent of the zoning ordinance.

The Zoning Board of Appeals/Township Board may attach conditions to the granting of the variance.

I (we), the undersigned, acknowledge that approval of a zoning variance by the township of Armada constitutes an agreement with the township and, that if a variance is granted, any conditions imposed by the township of Armada relative to the variance will be complied with.

Signature of applicant: _____ Date: ___ / ___ / ___

Print applicant's name here: _____ Phone Number: _____

Signature of property owner/s (if different from above): _____ Date: ___ / ___ / ___

Print name of property owner/s here: _____ Phone Number: _____

Email Address: _____