

Charter Township of Filer
2505 Filer City Road, Manistee, MI 49660
231-723-3138

DEMAND FOR APPEAL

Appellant: _____
Name

Address of Appellant

City, State and Zip Code

_____/_____
Home Phone Cell Phone

Please note: All questions must be answered completely. If additional space is needed, number and attach additional paperwork.

FOR OFFICE USE ONLY	
\$375.00 plus costs	
Appeal No.	_____
Date Received	_____
Tax Parcel #	_____
Fee Received	_____
	(Amount and Date)
Receipt Number	_____
Hearing Date	_____
Board of Appeals Action	_____

Date	_____
Filer No.'s of previous actions	_____

ZBA, Chair	_____
ZBA, Member	_____
ZBA, Member	_____
Inspection Date	_____
Signature	_____
<input type="checkbox"/> Original-Parcel File	<input type="checkbox"/> Copy-ZBA File
<input type="checkbox"/> Copy-Applicant	<input type="checkbox"/> Copy-Assessor

ACTION REQUESTED

I (we) the undersigned request a hearing before the Filer Township Zoning Board of Appeals for the purpose indicated below: (circle one)

- | | | | |
|------------------------------------|----------|--|----------------------------|
| A | B | C | D |
| Ordinance or
Map Interpretation | Variance | Appeal from
Administrative Decision | Other
Authorized Review |

PROPERTY INFORMATION

A. Legal description of property affected by this appeal: _____

Parcel number: 51-06- _____ - _____ - _____

Address of Property: _____

B. List all deed restrictions (attach additional sheets if necessary) (___ attached)

C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land. _____

- D. This area is _____ unplatted, _____ platted, _____ will be platted. If platted, name the plat _____

- E. Present use of the property is: _____
- F. Present zoning district classification of the property is: _____
- G. A previous appeal has/has not (choose one) been made with respect to these premises in the last _____
 Years. If a previous appeal, rezoning, or special use permit application was made, state the date, nature
 of the action requested and the decision: Date _____, Action Requested _____
 _____, Decision (approved/denied) _____

DETAILED REQUEST AND JUSTIFICATION

Fill out only those applicable, A, B, C, or D, according to which items were circled for "ACTION REQUESTED" on page 1.

A. Interpretation of Zoning Ordinance or Map

- The appellant respectfully requests the Board of Appeals make an interpretation of:
 - _____ (a) the location of district boundaries on the Filer Township Zoning District Map as applied to the property described in this application.
 - _____ (b) the provisions of Article _____ Section _____ of the Filer Township Zoning Ordinance.
 - _____ (c) other, specify _____

- Please describe in detail the nature of the problem to be interpreted and the reason for the request:

B. Variance from the requirements of the Zoning Ordinance the appellant respectfully requests the Board of Appeals grant a variance on the above-described property.

- Indicated below are the ordinance requirements which are subject of the variance request:

_____ setback	_____ side yard	_____ lot coverage	_____ height	_____ signs
_____ placement	_____ area requirements	_____ off-street parking	_____ other	
- State exactly what is intended to be done on, or with the property which necessitates a variance from the Zoning Ordinance: _____

- Describe the characteristics of your property which require the granting of a variance (include dimensional information): _____ too narrow, _____ too small, _____ too shallow, _____ shape, _____ elevation, _____ soil, _____ slope, _____ subsurface, _____ other (specify): _____

4. Justification for granting the requested variance. The appellant must show that strict application of the provisions of the Zoning Ordinance to his property would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the ordinance. In order for the Board of Appeals to determine whether unnecessary hardship exists, the appellant should provide answers to each of the following questions:

a. Can the property in question be used in a manner permitted by the Zoning Ordinance if a variance is not granted: _____ yes _____ no

If not, what unnecessary hardship or practical difficulty will result if the variance is not made?

b. To the best of your knowledge, can you affirm that the hardship or practical difficulty described above was not created by an action of anyone having property interests in the land after the Zoning Ordinance or applicable part thereof became law? _____ yes, _____ no

If "no" explain why the hardship or practical difficulty should not be regarded as self-imposed (self-imposed hardships are not entitled to variances). _____

c. Are the conditions on your property the result of other man-made changes (such as the relocation of a road or highway?) _____ yes, _____ no

If yes, how? _____

d. Will strict application of the terms of the Ordinance deny use of the property for any purpose to which it is reasonably adapted? _____ yes, _____ no

If yes, how? _____

e. Is the variance applied for due to unique circumstance on your property or to general conditions in the area? _____ yes, _____ no

If yes, explain any peculiar or unique conditions, and how many other properties in your area are similarly affected. _____

f. Would granting the variance change the essential character of the area? _____ yes, _____ no

If yes, how? _____

g. Would granting the variance be contrary to any County or Township Development Plans?

____yes, ____no Or to any local government development plans? ____yes, ____no

Explain _____

h. Would granting the variance be contrary to the intent and purpose of the Zoning Ordinance?

____yes, ____no If yes, explain _____

i. Other comments in support of application: _____

C. Appeal from Administrative Decision

The Appellant respectfully requests the Board of Appeals to reverse/modify the Zoning Administrator's decision (copy attached) on application No. _____ dated _____. It is alleged the Zoning Administrator erred in _____

(specify) the interpretation of Article ____ Section ____; his order, requirement, decision, or determination regarding the issuance of a _____ permit and that reversal/modification of said decision should be granted because _____

Specify decision sought: _____

D. Other Authorized Reviews

The appellant respectfully petitions the Board of Appeals to grant the following _____

(Specify according to the provisions of the zoning ordinance: special exception, exception to the parking requirements, special use permit, temporary permits, change in non-conforming use status, other)

According to the provisions and conditions of Article ____ Section ____ granting this authority to the Board of Appeals. Specifically state the problem (the proposed use of the property), decision sought, and justification for the request. _____

IMPACT ON SURROUNDING LANDS

If your request is granted:

A. What are likely to be the positive and negative impacts of this decision on surrounding lands and neighbors? _____

B. How do you propose to minimize any potential negative impacts which your proposed activity may cause?

WHAT ARE THE NUMBER OF ATTACHED SHEETS? _____

List and describe them: 1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

(Add more lines if needed)

AFFIDAVIT

The undersigned acknowledge that if a variance is granted or other decisions favorable to the undersigned is rendered upon this appeal, the said decision does not relieve the applicant from compliance with all other provisions of the Filer Charter Township Zoning Ordinance; the undersigned further affirms that he/she or they is (are) the _____ (specify owner, lessee, or other type of interest such as authorized agent for the owner) involved in the appeal and that the answers and statements herein contained and the information submitted are in all respects true to the best of his, her, their knowledge and belief. The undersigned affirms that he/she/they is/are the [owner, lessee, other type of interest, township board, zoning board, appeals board, other government agency (choose one)] involved in the issue and that the answers and statements contained here are true.

_____ Applicant(s) Signatures(s)

_____ Date

NOTE: If applicant is not the owner, attach a copy of contract, option, purchase agreement, lease or other documentation, signed by the owner, showing applicant's authority to file this application.

When completed send two copies to:

Zoning Administrator
Charter Township of Filer
2505 Filer City Road
Manistee, MI 49660