

# Zoning Board of Appeals

## Variance Application

Stockbridge Township

P.O. Box 565 Stockbridge, MI. 49285

Phone: (517) 851-7658, Fax: (517) 851-7530

Application Number: \_\_\_\_\_

Application Fee: **\$500.00**

Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Location of Property: \_\_\_\_\_

(Where variance is being requested)

**Note: The total cost for the request for variance is the responsibility of the requestor. The variance request, at times, will exceed the deposit amount. The requestor will be responsible to pay the exceeded amount due, prior to the meeting. Any and all funds in excess of the total cost of request, will be returned to the applicant.**

### Required Documents for Variance Review:

1. A tentative parcel map showing all buildings, utility right of ways, well and septic, set backs: (from road-right of way, side property lines and rear property line) or any improvements that would be helpful in the process of the review.
2. A tentative parcel map showing all proposed variance request changes that applicant would like the board to review.
3. A legal survey & description of property where variance is being requested.
4. Parcel Tax ID Number: \_\_\_\_\_ Section Number: \_\_\_\_\_
5. Reason for variance request. (State the zoning section of our ordinance that you want reviewed and explain in detail the reason for the request) see attached.
6. Any and all documents that would help explain the unique situation you have for requesting a variance review. Examples: County Drain Commission (soil erosion), County Health Department, County Road Commission, etc.

\_\_\_\_\_  
Signature of property owner or requester

\_\_\_\_\_  
Date

**Return Application and Fee to the above address in care of Becky Muraf, "Township Clerk"**

**Official Action Taken**

**Date:**

\_\_\_\_\_  
Application & Fee received

\_\_\_\_\_  
Advertised in paper

\_\_\_\_\_  
Public Hearing

\_\_\_\_\_  
Returned to clerk from ZBA

**ZBA's Action:**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

(Reason for denial see attached)

Signature: \_\_\_\_\_

Board of Appeals Chairman or Designee

Date: \_\_\_\_\_