Rives Township, Attn: Connie Onda
348 Main Street
Rives Junction, MI 49277
517-569-3100 / 517-569-3110 fax

ZONING BOARD OF APPEALS

Appeal Number: _____ Date _____

I (We) _____, _____ owners of
Name Address
property at _____,

Parcel # _____, (Please attach Legal Description)

Respectfully request a determination be made by the Zoning Board of Appeals on the following appeal or application which was denied by the Building Inspector because, in the opinion of said inspector, should come before the Zoning Board of Appeals.

Members of the Rives Township Zoning Board of Appeals have my (our) permission to visit the property designated on this petition.

Note: Please use the section below as appropriate. If space provided is inadequate, use separate sheet.

I: Appeal for Zone Variance

As provided by the Zoning Ordinance

A: Provision of the Zoning Ordinance from which variance is sought. _____

_____

B: Special circumstances or unusual conditions attached to the property, which do not apply to other properties in the same district or vicinity. _____

_____

_____

C: Nature and extent of unnecessary hardship or practical difficulties involved in carrying out the strict letter of the zoning ordinance. _____

_____

D: Attach plot plan, showing lines, location of existing buildings, proposed buildings and any additions to existing buildings, plus distance from property lines.

E: Date property was acquired: _____

II: Appeal for Interpretation

Relating to the Enforcement of Zoning Ordinance

A: Article, section, subsection, or paragraph in question. _____

_____

B: Describe if interpretation of district map. _____

_____

III: Application for Special Exception or Conditional Use as Required by Zoning Ordinance

A: Provision of Zoning Ordinance requiring Board Review. _____

_____

B: Describe type of use and proposed location. _____

_____

C: Attach plot plan, drawn to scale, showing lot, location of existing buildings, proposed buildings and any additions to existing buildings, plus distance from property lines.

D: Justification for granting permit. _____

Fees: $_____ _____ _____

Signature of Applicant Date Paid

Receipt Number: _____ Applicant's Phone Number: _____

For Zoning Board of Appeals Use ONLY

Appeals received _____ Public Notice published _____

Date Date

Public Notice Mailed _____ Hearing Held _____

Date Date

Decision of Board of Appeals: _____

_____

_____

Reasons: 1. _____

2. _____

3. _____