

*Rives Township*  
*348 Main Street*  
*Rives Junction, MI 49277*  
*Phone: 517-569-3100 Fax: 517-569-3110*

**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: \_\_\_\_\_

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**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 \_\_\_\_\_  
Date

Public Notice published \_\_\_\_\_  
Date

Public Notice Mailed \_\_\_\_\_  
Date

Hearing Held \_\_\_\_\_  
Date

Decision of Board of Appeals: \_\_\_\_\_

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Reasons:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_