

**NOTICE OF APPEAL TO THE
CITY OF OVID
BOARD OF ZONING APPEALS
City of Ovid, Michigan**

APPEAL
TO: City of Ovid
Zoning Board of Appeals

APPEAL
BY:

Appellant (please print)

Address:

Phone:
(home): _____
(business): _____

FOR OFFICE USE ONLY

Appeal No. _____
Date Rec'd _____
Copies To: _____
Zoning Administrator: _____
City Clerk: _____
Board of Appeals: _____
Planning Comm.: _____
Consultant: _____
Other: _____
Tax Parcel No. _____
Fee Rec'd: _____
(amount and date)

Receipt No.: _____
Hearing Date: _____
Board of Appeals:
Action: _____
Date: _____

File numbers of previous:
Actions: _____

Five (5) copies of this petition must be completed in full and submitted to the Zoning Administrator along with any additional information requested by the Zoning Administrator.

Please note: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is _____.

1. ACTION REQUESTED

I, (we) the undersigned, request a hearing before the Ovid Board of Zoning Appeals for the Purpose indicated below.

Ordinance or Map Interpretation _____ Variance _____
Appeal from Administrative Decision _____

Check the appropriate one above and fill in part II and III, and the appropriate section in part IV, A, B, C, or D.

II. PROPERTY INFORMATION

A. Legal description of property affected (attach survey if possible): _____

Address of Property: _____

B. List of all deed restrictions (attach additional sheets if necessary):

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 of Plat: _____

E. Present use of the property is: _____

F. Present zoning district classification of the property is: _____

G. A previous appeal has/has not (circle the correct response) 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 action requested, and the decision.
Date: _____
Action requested: _____
Decision: _____

III. PLOT PLAN REQUIREMENTS

Two (2) copies of a plot plan drawn to a scale of 1 inch = 100 feet must be submitted with this application showing where applicable the following:

- A. The location, shape, area and dimensions of the lot.
- B. The location, dimensions, height and bulk of the existing and/or proposed structures to be Erected, altered, or moved on the lot.
- C. The intended uses.
- D. The proposed number of sleeping room, dwelling units, occupants, employees, customers and other users.
- E. The yard, open space and parking lot dimensions, parking space dimensions, and number of spaces.

- F. A vicinity sketch showing the location of the site in relation to the surrounding street system, And adjacent land uses within three hundred (300) feet in ever direction including on the opposite side of any public thoroughfare.
- G. Any other information deemed necessary by the Zoning Administrator to determine and Provide for the enforcement of this Ordinance.

IV. DETAILED REQUEST AND JUSTIFICATION

A. Interpretation of Zoning Ordinance or Map (See Section 5.05.2)

1. The appellant respectfully requests the Board of Appeals make an interpretation of:

- _____ (a) The location of district boundaries on the City of Ovid Zoning Map as applied to the property described in this application.
- _____ (b) The provisions of Article _____, Section _____ of the City of Ovid Zoning Ordinance.
- _____ (c) other, specify _____

2. 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 (See Section 5.05.3)

The appellant respectfully requests the Board of Appeals grant a variance on the above described property.

1. Indicated below are the ordinance requirement(s) which are the subject of the variance request:

- | | | |
|--------------------|-------------------------|------------------------------|
| _____ setback | _____ side yard | _____ parking |
| _____ lot coverage | _____ placement | _____ height |
| _____ signs | _____ area requirements | _____ other (please specify) |
- _____

2. Describe the peculiar or unusual characteristics of your property which require the granting of a variance.

- | | | |
|-------------------|-----------------|------------------------------|
| _____ Too narrow | _____ elevation | _____ soil |
| _____ too small | _____ slope | _____ subsurf ace |
| _____ Too shallow | _____ shape | _____ other (please specify) |
- _____

3. State exactly what is intended to be done on the property which necessitates a variance from the Zoning Ordinance.

4. Justification for granting the requested variance (See Section 5.05.3)

- a. Are there practical difficulties or unnecessary hardships which prevent carrying out the strict letter of this Ordinance? (hardships or difficulties shall not be deemed economic, but shall be evaluated in terms of the use of particular parcel of land):

- b. Does a genuine hardship exist because of unique circumstances or physical conditions such as narrowness, shape, or topography of the property involved, or the intended use of the property, that do not generally apply to other property or uses in the same zoning district, and shall not be recurrent in nature? (See 2. above)

- c. Did the hardship or special conditions or circumstances result from actions of the applicant? If so how?

- d. Will the variance relate only to property under control of the applicant?

- e. Will the variance be in harmony with the general purpose and intent of this Ordinance and not cause a substantial adverse effect upon surrounding property, property values, and the use and enjoyment of property in the neighborhood or district?

- f. Will the granting of the variance confer on the applicant any special Privilege that is denied by this Ordinance to other lands, structures, or buildings in the same district?

- g. Is the variance requested, the minimum amount necessary to overcome the inequality inherent in the particular property or mitigate the hardship?

- h. Will the variance permit the establishment, within a district, of any use which is not permitted by right within that zoning district, or any use for which a special use permit or a temporary use permit is required?

C. Appeal from Administrative Decision (See Section 5.05.1 and 16.07_

1. The appellant respectfully requests the Board of Appeals to reverse or modify the Zoning Administrator's decision (copy attached) on application No. _____ Dated _____.

Reversal or modification requested; _____

Reasoning for reversal or modification of decision: _____

2. The appellant respectfully requests the Board of Appeals to reverse or modify the planning Commissions decision (copy attached) on application No. _____ Dated _____.

Reversal or modification requested: _____

Reasoning for reversal or modification of decision: _____

V. 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 the proposed activity may cause?

VI AFFIDAVIT

The undersigned acknowledges that if a variance is granted, or other decisions favorable to the undersigned are rendered upon this appeal, the said decision does not relieve the applicant from compliance with all other provisions of the City of Ovid Zoning Ordinance. The undersigned further affirms that **he/she/they** (circle the correct response) **is/are** (circle the correct response) the **owner/lessee/other type of interest** (circle the correct response) involved in this appeal and that the answers, statements, and information contained herein are in all respects true and correct to the best of **his/her/their** (circle the correct response) knowledge and belief.

Appellant Signature(s)

Date

VII. OFFICIAL ACTION

City of Ovid Zoning Board of Appeals:

Date Received: _____

Type of Action Taken: _____

Reasons of Action: _____

Date of Public Hearing: _____

Date of Advertising: _____

City Clerk or Secretary of
The Board of Zoning Appeals

Date