



APPLICATION FOR THOMAS TOWNSHIP  
ZONING BOARD OF APPEALS  
249 N. Miller Road  
Saginaw Michigan 48609  
(989) 781-0150 FAX (989) 781-0290

ZONING BOARD OF APPEALS  
G.L. 101-000-491-000

Date Filed: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Fee Per Hearing: \$350.00

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

Name: \_\_\_\_\_

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

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Provide the legal description of the property affected.

\_\_\_\_\_  
\_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Current owner of property if different then Applicant

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

Name: \_\_\_\_\_

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

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

This application must be filled out completely and returned to the Community Development Department no less than 30 days prior to a scheduled Zoning Board of Appeals Meeting.

**Explain Variance Request: (Use additional sheets if needed)**

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**Tax Identification Number:** \_\_\_\_\_

**Current Zoning of Subject Property:** \_\_\_\_\_

**Name and Address of agent(s) authorized to represent me at the hearing.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**The Board of Appeals will use the following questions to help decide if a variance is necessary. The Board will ask the questions listed below.**

**BOARD OF APPEALS CHECKLIST**

*(A variance will only be granted if all of the following questions are answered "yes.")*

- 1. Has the Applicant demonstrated that this variance is not contrary to the intent and purpose of the Zoning Ordinance? Explain.**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

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- 2. Has the Applicant proven that a variance will not adversely impact adjacent properties? Explain.**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

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3. Has the Applicant proven that a variance would not produce a nuisance condition to nearby premises? Explain,

YES \_\_\_\_\_ NO \_\_\_\_\_

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4. Is the basis for the proposed variance unique and not shared by other properties in the same Zoning District throughout the Township? (If the Board of Appeals finds that the hardship is not unique, but common, then an amendment to the zoning ordinance or a re-zoning should be pursued.)

YES \_\_\_\_\_ NO \_\_\_\_\_

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5. Has the Applicant shown that a variance will not otherwise impair the public health, safety, or general welfare of the residents of Thomas Township?

YES \_\_\_\_\_ NO \_\_\_\_\_

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### **SPECIAL CONDITIONS**

When all of the foregoing Basic Conditions can be satisfied, a variance may be granted when any one of the following Special Conditions can be clearly demonstrated:

1. Are there non-economic practical difficulties or unnecessary hardships, which prevent carrying out the strict letter of this Ordinance? Explain.

YES \_\_\_\_\_ NO \_\_\_\_\_

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2. Are there unique or extraordinary physical conditions that do not apply to other property or uses in the same zoning district and were not caused by and act of the applicant? Explain.

YES \_\_\_\_\_ NO \_\_\_\_\_

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**3. Is the variance necessary to preserve a substantial property right possessed by other properties in the same zoning district? Explain.**

YES \_\_\_\_\_ NO \_\_\_\_\_

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**The following form must also be filled out in its entirety and returned along with the application.**

**PUBLIC HEARING  
ZONING BOARD OF APPEALS**

**Date of Hearing:** \_\_\_\_\_

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

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

**Property Address:** \_\_\_\_\_

**Tax Identification Number:** \_\_\_\_\_

**Current Zoning:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

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**Name of request and related ordinance section.**

\_\_\_\_\_ **Interpretation of language.**      **Ord. Sec. No.** \_\_\_\_\_

\_\_\_\_\_ **Interpretation of use.**      **Ord. Sec. No.** \_\_\_\_\_

\_\_\_\_\_ **Interpretation of boundary.**      **Ord. Sec. No.** \_\_\_\_\_

\_\_\_\_\_ **Variance is dimensional.**      **Ord. Sec. No.** \_\_\_\_\_  
         **From** \_\_\_\_\_ **ft.**      **To** \_\_\_\_\_ **ft.**

\_\_\_\_\_ **Variance is numerical req.**      **Ord. Sec. No.** \_\_\_\_\_  
         **From**\_\_\_\_\_ **ft.**      **To**\_\_\_\_\_ **ft.**

\_\_\_\_\_ **Hardship imposed by strict interpretation**  
         **Ord. Sec. No.**\_\_\_\_\_

\_\_\_\_\_ **Decision by Zoning Administrator**  
         **Ord. Sec. No.**\_\_\_\_\_