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: $325.00

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)

_____

_____

_____

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**_____

_____

_____

_____

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

YES_____ **NO**_____

_____

_____

_____

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

YES_____ NO_____

_____

_____

_____

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_____

_____

_____

_____

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_____

_____

_____

_____

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_____

_____

_____

_____

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_____

_____

_____

_____

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

YES_____ NO_____

_____

_____

_____

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: _____

_____

_____

_____

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._____