

# HOW TO SUBMIT A ZONING BOARD OF APPEALS (ZBA) REQUEST

This is the process to request a Variance Request, Ordinance or Map Interpretation of an Appeal from Administrative Decisions. The Zoning Board of Appeals Application must be filled out completely and returned no later than three (3) weeks prior to a scheduled Board of Appeals hearing. All mailings will be sent to the applicant.

## **Materials to submit**

- The Village will supply you with an [Application for Zoning Board of Appeals](#). Please fill the form out completely.

## **Timeline for review**

- Zoning Board of Appeals requires notification of all property owners within 300' of the property.
- Applicant will be notified as to when the Appeals meeting is scheduled.

## **Fees**

- The Village charges a fee of \$200 for each Zoning Board of Appeals application. This fee pays for the cost of professional review of your request and notification to property owners.

## **Appeals**



Village of Sebewaing  
222 North Center Street  
Sebewaing MI 48759  
Phone: 989-883-2150 Fax: 989-883-9367  
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[www.SebewaingMI.gov](http://www.SebewaingMI.gov)

### ZONING BOARD OF APPEALS APPLICATION

**200.00 Fee**

*This application must be filled out completely and returned no less than three (3) weeks prior to a scheduled Board of Appeals hearing. All mailings will be sent to the applicant.*

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner (If different than applicant):** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Subject Property ID #: 32-39** \_\_\_\_\_

**Legal Description (Provide the legal description of the property affected (Attach Additional Sheets or Survey if Necessary))**

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

(Check One):

Variance Request     Ordinance/Map Interpretation

Appeal Planning Commission Decision     Appeal Zoning Administrator Decision

**Description of Request (Attach Additional Sheets if Necessary):**

\_\_\_\_\_

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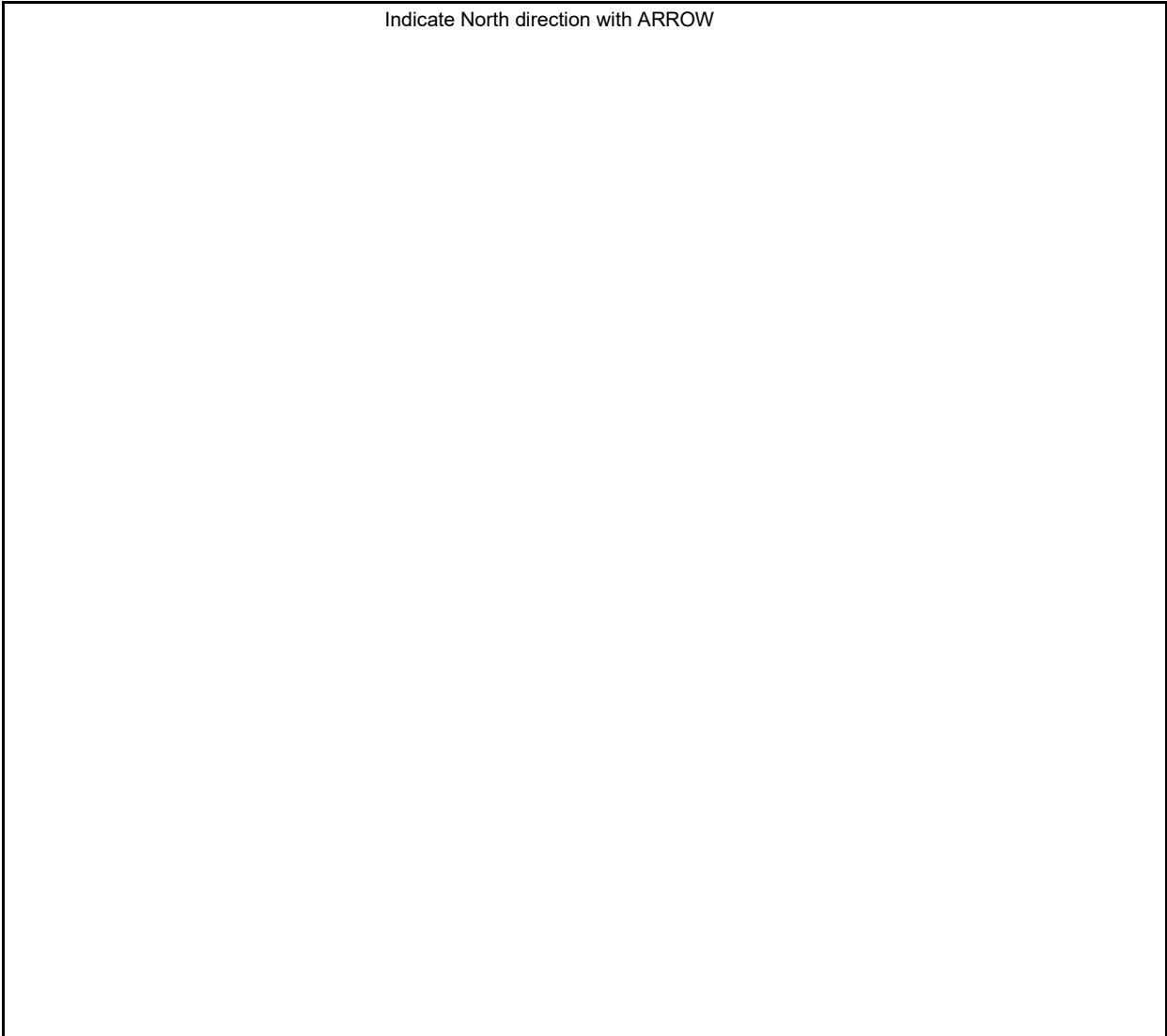
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**If you are applying for a variance, please respond to the following questions by answering yes or no and providing an explanation:**

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Strict compliance with restrictions governing area, setback, frontage, height, bulk, density or other non-use matters, will unreasonably prevent the owner from using the property for a permitted purpose or will render ordinance conformity unnecessarily burdensome. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. The variance will do substantial justice to the applicant, as well as to other property owners.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. The variance requested is the minimum variance needed to provide substantial relief to the applicant and/or be consistent with justice to other property owners.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. The need for the variance is due to unique circumstances peculiar to the property and not generally applicable in the area or to other properties in the same zoning district.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. The problem and resulting need for the variance has been created by strict compliance with the Zoning Ordinance, not by the applicant or the applicant's predecessors.   |

Indicate North direction with ARROW



PROVIDE A DRAWING ABOVE, or attach on a separate sheet, a SITE PLAN indicating the SIZE and the LOCATION of proposed construction and ALL existing buildings on the property. Indicate the distance new construction will be from all property lines including road right-of-way line. Indicate the location of any power lines on your property or within 10 feet of your property line.

I hereby grant personnel involved with the review of this request permission for reasonable entry onto the above property for investigations specifically related to this request.

I further understand that if the requested appeal is granted, I am in no way relieved from all other applicable requirements of the Zoning Ordinance or other applicable regulations.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is applicant acting as Agent of property owner:     Yes             No

|   |   |  |                               |  |
|---|---|--|-------------------------------|--|
| <b><i>For Office Use Only:</i></b><br><br><b><i>Permit Fee: \$200</i></b> | <b><i>Date Received</i></b>   |  | <b><i>Amount Paid</i></b>     |  |
|   | <b><i>Case #</i></b>  |  | <b><i>Cash or Check #</i></b> |  |
|   | <b><i>Current Zoning</i></b>  |  | <b><i>Receipt #</i></b>       |  |
|   | <b><i>Zoning Administrator / Planning Commission Decision Date</i></b>                |  |                               |  |
|   | <b><i>Appeal filing expiration date (10-days from Decision Date)</i></b>              |  |                               |  |
|   | <b><i>Zoning Board of Appeal Hearing Date (within ___ Days)</i></b>                   |  |                               |  |
|   | <b><i>Mailing Notification to property owners within 300'</i></b>                     |  |                               |  |
|   | <b><i>Public Notification (newspaper)</i></b>   |  |                               |  |
|   | <b><i>Hearing Results (Approved/Denied/Modified) Attach explanation if needed</i></b> |  |                               |  |
|   | <b><i>Effective Date (5 days after appeal decision)</i></b>                           |  |                               |  |
|   | <b><i>Date Eligible for Future Appeals</i></b>  |  |                               |  |

## A. FLOW CHART FOR ZONING BOARD OF APPEALS

