

CHARTER TOWNSHIP OF SOUTH HAVEN

09761 BLUE STAR MEMORIAL HIGHWAY
SOUTH HAVEN, MICHIGAN 49090
TELEPHONE (616) 637-3305

APPLICATION FOR APPEAL TO THE ZONING BOARD OF APPEALS

Type of Request: _____ Date: _____
ZONING VARIANCE () dimensional variance
() use variance
APPEAL INTERPRETATION()

Applicant/Appellant:

Name _____
Address: _____ Telephone: _____

Property Owner (if different) _____
Address: _____ Telephone: _____

Location and Legal Description of Property (here or attached) _____

SECTION OF THE ZONING ORDINANCE WHICH APPLIES OR WHICH IS CONTESTED:

Article _____, Section(s): _____
Zoning District: _____
District Restrictions which apply in this case: _____

General Restrictions which apply to this case: _____

A: FOR DIMENSIONAL VARIANCES

The appellant requests that an adjustment of the dimensional or other measurable requirement of the Zoning Ordinance be made in the case of the property described herein because the following unique or unusual conditions not peculiar to other properties in the Zoning District, are present: _____

The following practical difficulties in the use of the property will result if the requested adjustment is not granted: _____

B: FOR USE VARIANCES

The applicant requests that the following Use Variance be granted in order to overcome unnecessary hardships to enable the use of the property in the following manner because of the existing structure on the property: _____

The following practical difficulties in the use of the existing structure will result if the requested license is not granted: _____

The existing structure was built in _____ and its condition is described in the attached affidavit (include a sealed structural assessment by either: a structural engineer, or a registered architect).

THE APPLICANT PETITIONS THAT THE FOLLOWING REQUEST BE APPROVED: _____

signature of applicant: _____ date _____

signature of owner (if different) _____ date _____

The applicant hereby grants approval for members of the Zoning Board of Appeals to enter in and view the property subject to this appeal during regular business hours or with telephone notice after 6 PM.

C: FOR APPEALS OF INTERPRETATION OF THE THE ZONING ORDINANCE OR MAP

The following is an appeal from the determination of the:
ZONING ADMINISTRATOR () OR, PLANNING COMMISSION () on (date) _____

The appellant requests that an interpretation be made by the South Haven Township Zoning Board of Appeals of Article _____, Section(s) _____ of the South Haven Township Zoning Ordinance.

() An appeal is made for an interpretation of the Zoning Map

() An appeal is made for an interpretation of the Zoning Ordinance text (cited above).

For the following reasons: _____

signature of appellant: _____ date _____

DO NOT WRITE BELOW THIS LINE

DECISION OF THE ZONING BOARD OF APPEALS;
The Following VARIANCE was granted _____

With the following conditions: _____

By:

Chairman ZBA _____ date _____

Secretary ZBA _____ date _____

The Following INTERPRETATION of the ZONING ORDINANCE () / MAP(), has been made:

Article _____

Section _____

Chairman ZBA _____ date _____

Secretary ZBA _____ date _____