

Jefferson Township

Building & Zoning Administration

G.E. (Gerry) Hart, Zoning Administrator

P. O. Box 188, Cassopolis, MI 49031

*Telephone: 269-445-3941 * Fax: 269-445-8274*

APPLICATION FOR VARIANCE

APPLICANT: _____

ADDRESS: _____

(City) (State) (Zip) (Telephone)

I/we the above named applicant(s) hereby appeal to the Zoning Board of Appeals in accordance with Section 9.04 and/or Section 9.05 of the Zoning Ordinance.

The property in question is located at: _____

(Address, City, State & Zip)

Parcel Number: _____ Zoning District: _____

A previous appeal has () has not () been made with respect to this property.

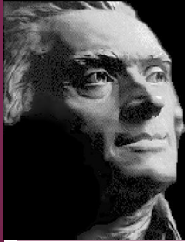
If previously appealed Township Clerk is to provide: Case Number _____ Dated _____

Decision on previous appeal: _____

The appeal is for: (check type of appeal)

A. Interpretation of the Zoning Ordinance

- _____ 1. To interpret the location of district boundaries on the zoning map in accordance with Article IX, Section 9.03



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_____ 2. To decide upon requirements for nonconforming lots of record or nonconforming uses in accordance with Article 1X, Section 9.04.

_____ 3. To hear and decide appeals where it is alleged by the appellant that there is error in regard to interpretation of the provisions of the ordinance in any order, requirement, permit, decision or refusal made by the Administrative Official in carrying out or in enforcing any provision of this ordinance.

_____ 4. Other, _____

_____.

B. Variance:

_____ To authorize, upon an appeal, a variance from the strict application of the provisions of this ordinance where, by reason of exceptional narrowness, shallowness, or shape of a specific piece of property at the time of enactment of this ordinance, or by reason of exceptional topographic conditions or other extraordinary and exceptional situations or conditions of such piece of property, the strict application of a regulation enacted under this ordinance would result in peculiar and exceptional practical difficulties to, or exceptional or undue hardship upon, the owner of such property.

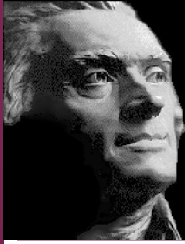
With regard to the above appeal, I/we apply for the following specific decision. (Specify, for example, building height, special exception use, variance in lot area, etc.)

Application Fee: \$500—Please attach

Applicant's Signature

Date: _____

Spouses' Signature



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DECISION OF THE ZONING BOARD OF APPEALS

DATE: _____

APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

REASON FOR REQUEST: _____

ZBA FINDING OF FACT AND DECISION: _____

REASONS FOR DECISION: _____

VOTE OF BOARD MEMBERS:

(YES)	(NO)	_____
(YES)	(NO)	_____
(YES)	(NO)	_____
(YES)	(NO)	_____
(YES)	(NO)	_____

I, _____, Secretary of the Jefferson Township Zoning Board of Appeals, certify that on this date _____, I witnessed the signature of the ZBA members and attest to the accuracy of this report.