

APPLICATION FOR VARIANCE, INTERPRETATION OR APPEAL FORM

OFFICE USE ONLY

\_\_\_\_\_  
(applicant --person filing the appeal)

Case number \_\_\_\_\_

\_\_\_\_\_  
(address)

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

\_\_\_\_\_  
(city, state, zip code)

Receipt # \_\_\_\_\_

Hearing date \_\_\_\_\_

( \_\_\_ ) \_\_\_ - \_\_\_

Action: \_\_\_\_\_

( \_\_\_ ) \_\_\_ - \_\_\_

Date: \_\_\_\_\_

(telephone, home and business)

Expiration Date: \_\_\_\_\_

Applicant's standing (interest) in the appeal  
(check one):

- Property owner (attach inspection report sheets)
- Adjacent property owner
- Other affected individual. Explain: \_\_\_\_\_
- Other. Explain: \_\_\_\_\_

PROPERTY OWNER'S (OF LAND SUBJECT TO APPEAL) NAME AND ADDRESS  
(if not the applicant)

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

Phone ( \_\_\_ ) \_\_\_ - \_\_\_

ADDRESS OF LAND SUBJECT TO APPEAL (if known) \_\_\_\_\_

(If new construction, an address will not be known yet. An address is obtained after a zoning permit is issued.)

PARCEL SUBJECT TO APPEAL SIZE \_\_\_\_\_

PROPERTY DESCRIPTION FOR LAND SUBJECT TO APPEAL \_\_\_\_\_

PARCEL DATA PROCESS (tax) NUMBER FOR LAND SUBJECT TO APPEAL

06 - \_\_\_ - \_\_\_ - \_\_\_

ZONING DISTRICT OF PROPERTY SUBJECT TO APPEAL (see zoning ordinance)

ACTION REQUESTED: (check one)

- To interpret a particular section of the ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation:  
The Section is: \_\_\_\_\_
- To interpret the zoning map, as it is felt the Zoning Administrator/Planning Commission is not reading the map properly. Describe the portion of the zoning map in question (attach detail maps if applicable): \_\_\_\_\_
- To grant a variance to certain requirements of the zoning ordinance, (parking, setbacks, lot size, height, floor area, sign regulations, location of accessory buildings, maximum amount of lot coverage, etc.). Specify the section and specific regulations a variance is being sought from: \_\_\_\_\_
- To overturn an action of the zoning administrator. The zoning administrator erred (did not issue a permit, issued a permit, enforcement): \_\_\_\_\_

**RULING SOUGHT:**

What is the sought ruling by the Kalamazoo Township Zoning Board of Appeals? \_\_\_\_\_

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(attach sheets if necessary)

(  attached)

**STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION**

State specifically the reason for this demand for appeal request: \_\_\_\_\_

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(attach sheets if necessary)

(  attached)

**ATTACH THREE COPIES OF A SITE PLAN PLUS ONE ELECTRONIC COPY**, as specified in Section 26.05 (C) 2.

(  attached)

Attach a copy of the initial application concerning this issue and the zoning administrator's (or planning commission's) written ruling on this issue.

(  attached)

**VARIANCE QUESTIONS:**

If you are seeking a variance, on attached sheets, provide answers to the following questions. Please number the answers the same as they are numbered here. Please be specific, and explain your answers. (If the answer to any of the questions numbered 1-5 is "no," a variance may not be granted, Sec. 26.05 (B) 4.a. (1 through 4

(  attached)

1. Does strict compliance with restrictions governing area, setback, frontage, height, bulk, density or other non-use matters, unreasonably prevent the owner from using the property for a permitted purpose or does the ordinance render conformity unnecessarily burdensome?
2. Would a variance do substantial justice to the applicant, as well as adjacent property owners?
3. Would a lesser variance not give substantial relief to the applicant and/or be consistent with justice to other property owners?
4. Is the problem and resulting need for the variance not self-created by the applicant and/or the applicant's predecessors?

VARIANCE, MAP INTERPRETATION INFORMATION:

If you are seeking a variance, or a map interpretation, the following must be provided:

1. Attach or list all deed restrictions for the property in question.  
(  attached)
2. Attach a list of names and address of all other persons, firms, or corporations having a legal or equitable interest in the property in question.  
(  attached)
3. This area is (check one):     unplatted         platted         will be plated.  
If platted, name of plat: \_\_\_\_\_
4. What is the present use of the property? \_\_\_\_\_

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be void. Further I agree, any Zoning Board of Appeals ruling and subsequent permit that may be issued is with the understanding all applicable sections of the Kalamazoo Township Zoning Ordinance will be complied with. Also, I agree to notify the zoning administrator for the Kalamazoo Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Kalamazoo Township, Kalamazoo Area Building Authority, Kalamazoo County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Also I understand any zoning action by the Zoning Board of Appeals conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

When completed send two copies to:

Planner / Zoning Administrator  
Kalamazoo Township  
1720 Riverview Drive  
Kalamazoo, MI 49004-1099

planner@ktwp.org