

**APPLICATION TO THE ZONING BOARD OF APPEALS**

APPLICATION FEE:  
Residential Use \$ **400.00**  
Commercial or  
Industrial Use \$ **500.00**  
(Effective 01/01/2010)  
Special Meeting \$500.00

FOR OFFICE USE ONLY  
CASE # \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
PH Date \_\_\_\_\_  
App \_\_\_\_\_ Deny \_\_\_\_\_

**CHARTER TOWNSHIP OF FLINT**  
1490 S. DYE ROAD, FLINT, MI 48532  
(810) 600-3236 FAX (810) 733-6919

**ALL INFORMATION REQUESTED IN I THRU V MUST BE PROVIDED.**

- I. Petitioner \_\_\_\_\_  
Adr/CityStZip \_\_\_\_\_ Phone \_\_\_\_\_  
Represented by \_\_\_\_\_  
Adr/CityStZip \_\_\_\_\_ Phone \_\_\_\_\_  
Owner of Property \_\_\_\_\_  
Adr/CityStZip \_\_\_\_\_ Phone \_\_\_\_\_
- II. Location of property for appeal \_\_\_\_\_  
If property is in a subdivision, state the name of the subdivision:  
\_\_\_\_\_ Lot # \_\_\_\_\_  
The N S E W side of \_\_\_\_\_ street or roads, between  
\_\_\_\_\_ and \_\_\_\_\_ street or roads.  
Parcel tax number \_\_\_\_\_ Lot size \_\_\_\_\_  
Zoning Designation of property \_\_\_\_\_  
Existing use of property \_\_\_\_\_  
(Commercial, Industrial, Residential or Vacant)
- III. A. State the Article(s) and Section(s) of the Ordinances being appealed (use reverse if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. State the reason for the appeal (What are you trying to do and why?)

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(attach additional sheets if necessary)

IV. A SKETCH OF THE PROPERTY INVOLVED MUST BE INCLUDED

Draw a sketch on the back of this application, or attach a separate sheets(s), as you prefer. **APPLICATIONS WITHOUT A SKETCH WILL NOT BE ACCEPTED.** The sketch must indicate: the property boundary dimensions; building(s) presently existing or proposed on the site; the size of all yard areas; all structures within 50 feet of your property; and note the location and size of any other important property characteristics such as easements, septic fields, flood plains, etc. Photos are encouraged.

V. Applicants for a variance should demonstrate:

1. The proposed variation involves practical difficulties.
2. Involves exceptional and unique circumstances.
3. Will not impair the adequate supply of light and air to adjacent property or increase the congestion in public streets.
4. Will not increase the hazard of fire or flooding or endanger the public safety.
5. Will not unreasonably diminish or impair established property values within the surrounding area.
6. Will not in any other respect impair the public health, safety, comfort, morals, or welfare of the inhabitants of the Township.
7. Will not alter the essential character of the neighborhood.
8. The spirit of the Ordinance is observed and the public health and safety secured and substantial justice done and the Board of Zoning Appeals has the authority to grant the requested variance.

Indicate your response to the eight items stated above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_  
(attach additional sheets if necessary)

VI. State the Township Department that has denied the requested action or suggested the applicant seek a variance. It is strongly recommended that an official of that Department review and initial this application with the applicant prior to the application and fee submittal to the Building Department.

(Circle One)	Initial
Building Department	_____
Ordinance Enforcement Department	_____
Zoning Department	_____
Other _____	_____

The aforementioned information is the truth to the best of my knowledge.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

Any variance or special use permit approved by the Zoning Board of Appeals must be implemented within 6 months from the date of approval to be valid. There may be deed restrictions on the subject property that may affect this project. Please check the title for deed restrictions and covenants.

Use this space for additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_