

CHARTER TOWNSHIP OF COMMERCE APPLICATION FOR ZONING BOARD OF APPEALS

DATE: _____ CASE# _____

HEARING DATE: _____ ZONING DISTRICT _____

APPLICANT'S NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY\ZIP: _____

EMAIL: _____

OWNER'S NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY\ZIP: _____

ADDRESS OF SUBJECT PROPERTY: _____ LOT# _____

SIDWELL NUMBER: _____ SUBDIVISION: _____

IS THE SUBJECT PARCEL SERVED BY PUBLIC SEWER & WATER PRIVATE WELL & SEPTIC

THE APPLICANT HEREBY REQUESTS A HEARING BEFORE THE COMMERCE TOWNSHIP BOARD OF ZONING APPEALS FOR THE PURPOSE INDICATED BELOW:

Ordinance or Map Interpretation

Variance

Appeal from administrative decision

DETAILS OF REQUEST: _____

IF YOU ARE APPLYING FOR A VARIANCE, ANSWER THE FOLLOWING QUESTIONS YES OR NO (circle one)

Can this property be put to a use which conforms with the Zoning Ordinance without a variance? **Yes or No**

Is the problem requiring a variance unique to this property? **Yes or No.** Is it due to the general conditions of the neighborhood? **Yes or No.** If the request is granted, will the essential character of the neighborhood be changed? **Yes or No.** Is the situation causing the need for the variance self created? **Yes or No.**

I understand that, if the requested appeal is granted, I am in no way relieved from all other applicable requirements of the Township Zoning Ordinance. I understand the variance becomes null & void if not used within one year from the date of issuance.

APPLICANT'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

SEE ATTACHED INFORMATION FOR THE SUBMITTAL OF YOUR APPLICATION\REQUEST