

*City of Madison Heights
Community Development Department
300 W. Thirteen Mile Road
Madison Heights, MI 48170
(248) 583-0831*

ZONING BOARD OF APPEALS CHECKLIST

The following checklist outlines the ZBA application process. Please use this checklist as your guide to applying for a variance or other request permitted by the Zoning Ordinance.

I. APPLICATION ***ALL APPLICATIONS MUST BE TYPED*******

_____ **Complete Sections 1, 2, 3, 4 & 5 of the application.**

Item 1: Enter the name of the person requesting the variance. This could be the owner, renter, lessee or buyer.

Item 2: Enter the interest of the applicant, i.e. owner, renter, lessee, buyer.

Item 3: List the owner of the property.

Item 4: The information requested in item 4 can be obtained from your tax bill or in person or on the phone from the Community Development Department (CDD) at (248) 583-0831.

Item 5: Enter the current zoning classification and the current use i.e. residential, commercial. Contact CDD if you are not sure of the zoning district.

_____ **Complete Section 6.** First check the box for the type of action you are requesting as follows. Please read all the choices before you select:

Appeal of an Administrative Decision: Select this box if you are appealing an administrative decision. This applies when you disagree with the Zoning Official's interpretation of the ordinance. On a separate sheet fully explain the nature of the problem, your request, and your desired remedy.

Variance: Select this box if you are requesting a variance from a provision of the ordinance. This includes setbacks, lot coverage, number of parking spaces etc. Check the box indicating what type of use or action is taking place and briefly describe the request. (Example: For a porch in the front setback you would check the box for 'erect' and fill in the line with 'a front porch encroaching into the front setback'.) Fill in the ordinance sections that you are requesting the variance from. Again, if you are not sure contact CDD. **On a separate sheet of paper answer the six items (A. through F.)** being sure to fully and completely describe your request and why it is contrary to what the ordinance normally permits in Item A.

Temporary permit: Select this box if you are applying for a temporary use or structure.

Interpretation of Ordinance Language: Select this box if you are requesting the ZBA to interpret or clarify ordinance language. Attach a detailed request including the affected section and why you are requesting the interpretation.

Public Utility Building: Select this box if you are a public utility constructing a building which requires ZBA approval.

Other Action: Select this box if your request does not fit any of the above categories and attach a full explanation of your request

_____ **Complete Item 7.** Indicate whether you have been denied a building permit or if you have applied for a previous ZBA action on this parcel.

_____ **Sign the Application:** If you are not the owner you must have the owner sign the application or provide a notarized letter or power of attorney authorizing you to act on his behalf. You must submit two (2) original signed copies of the application. Indicate who the notices are to be sent to.

CONTINUED ON REVERSE SIDE

_____ **Attach all the Required Documentation and the Fee:** Attach all the applicable items from the checklist on the application (1 – 6). Site plans and building elevations should be drawn to scale and be neat and readable. **Four copies are required of all items.**

II. THE PUBLIC MEETING

_____ **Meeting Notice:** The person indicated on the application will receive a notice of the public meeting in the mail. Notices are also sent to all property owners within 500 feet of the subject property. If you do not receive your notice 10 days before the proposed meeting contact the Clerk's Office at (248) 583-0286.

_____ **Attend the Meeting:** The applicant, or a designated representative should attend the meeting. You will be asked to briefly explain your request and may be asked questions by the Board members. The Board will also hold a public hearing at which anyone may speak for or against your request. Speakers are limited to 3 minutes each. After everyone wishing to speak has done so, the hearing will be closed and the Board will act on the request. The request may be tabled to the next meeting if you or your representative do not attend.

_____ **Obtain any Required Permits:** If your request is approved you may apply for any required permits the next day.

Additional Information:

ZBA meeting dates.

The ZBA normally meets at 7:30 p.m., the first Thursday of each month in Council Chambers at City Hall, 300 W. Thirteen Mile Road, Madison Heights, MI.

Application deadlines.

Application deadlines are normally three weeks and three days prior to the meeting. Application forms are available at the Community Development Department or online at www.madison-heights.org under the Online Forms tab on the home page.

Questions?

Contact the Community Development Department at (248) 583-0831.



CITY OF MADISON HEIGHTS ZONING BOARD OF APPEALS APPLICATION

Application No.:

Date Filed:

(This application must be typed)

SUBMIT TWO ORIGINAL COPIES

1. **Petitioner:** Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____
2. **Petitioner's Interest in Property:** _____
3. **Property Owner:** (Attach list if more than one owner)
Name: _____
Address (Street): _____
City: _____ State: _____ Zip: _____
Telephone: _____
Email: _____
4. **Property Description:**
Address: _____
Tax Parcel #: 44 - _____ - _____ - _____.
Legal Description - Attach if metes and bounds description.
If in a subdivision: Lot #: _____
Subdivision name: _____
Lot size: _____
Size of proposed building or addition: _____
5. **Present Zoning of Property:** _____ **Present Use:** _____
6. **Action Requested:** (Check the appropriate section and attach response on separate sheets)
 APPEAL OF AN ADMINISTRATIVE DECISION (Administrative Review)

The applicant requests the Board of Appeals to reverse/modify the _____
decision/interpretation of Article _____, Section _____. The decision should be
reversed/modified because: (On a separate sheet describe in detail the nature of the problem, the
reason for the request and the desired remedy)

ZONING BOARD OF APPEALS
APPLICATION

6. Action Requested: (Continued) (Check the appropriate section and attach response on separate sheets)

VARIANCE

Request is hereby made for permission to erect alter convert or use a

Contrary to the requirements of Section(s) _____ of the Zoning Ordinance
_____ of the Zoning Ordinance
_____ of the Zoning Ordinance

The following questions must be answered fully on a separate sheet of paper:

- A. Clearly explain the variance desired and how the proposed building and/or use is contrary to the Zoning Ordinance.
- B. Explain the special conditions and circumstances that exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same district. (Note: Your district includes all areas of the City sharing a zoning designation with your property. If your zoning classification were B-1 (Local Business) your district would include all City lands zoned B-1.)
- C. Explain why the literal interpretation of the provisions of this ordinance deprives you of rights commonly enjoyed by others in the same zoning district.
- D. Did the special conditions and/or circumstances result from your actions?
- E. Can you use the property in a manner permitted by the Ordinance if a variance is not granted? Is this the minimum variance you need to use the property in the way you want?
- F. Will granting the variance change the essential character of the area?

TEMPORARY PERMIT

Applicant is requesting a Temporary Use and/or a Temporary Structure

Describe in detail the proposed use or structure and the length of time requested.

INTERPRETATION OF ORDINANCE LANGUAGE IN SECTION _____

Describe in detail the nature of the requested interpretation.

PUBLIC UTILITY BUILDING

Describe in detail the proposed use or structure.

OTHER ACTION

Describe in detail action requested.

7. CASE HISTORY

Have you been denied a permit for a building, sign or use on this property? Yes No

Has there been any previous appeal involving these premises? Yes No

(If yes, provide character and disposition of previous appeals.)

ZONING BOARD OF APPEALS APPLICATION

Application No.: _____

Applicant(s) and property owner(s) hereby consent to city staff, board and commission members, and contractors to access the property for purposes of evaluating the site for the requested action(s).

FOR THE OWNER:

FOR THE APPLICANT IF NOT THE OWNER:

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____

Note: A notarized letter of authority or a power of attorney may be substituted for the original signature of the owner.

Notices are to be sent to the Applicant [] Owner []

ATTACHED HERETO, AND MADE PART OF THIS APPLICATION, ARE THE FOLLOWING: (All required items must be submitted with this application)

- 1. Two copies of drawings of Site Plan (no larger than 11"x 17") drawn to scale and containing all necessary dimensions and all features involved in this appeal, including measurements showing open space on abutting properties. PDF
2. Dimensioned elevations of all buildings involved in the requested variance.
3. All required responses to above items.
4. Building permit application if applicable.
5. Letter of authority if applicable
6. Applicable fees:
A. Variance Review (Single Family) \$300.00
B. Variance Review (Dimensional) \$400.00 plus \$300 per variance
C. Use Variance Review \$1,000.00
D. Appeal of Administrative Decision \$400.00

OFFICE USE ONLY

APPROVALS

Approved for hearing by City Attorney _____

Approved for hearing by C.D.D. _____

Reviewed by Site Plan Committee _____

INTER-DEPARTMENTAL NOTIFICATION

Community Development Department _____

Fire Department _____

Department of Public Services _____

ZONING BOARD OF APPEALS FEE: \$ _____

APPROVED: _____ PAID: _____

DENIED: _____ RECEIPT NO. _____