

CATO TOWNSHIP

309 Lincoln Ave, Lakeview, MI 48850

APPLICATION DATE: _____

Variance Application

I. Personal Information.

Applicant Information

Name: _____
 First Middle Last

Address: _____

Telephone Number: _____ Email Address: _____

Interest in Subject Property: _____

Owner Information (*If different from applicant*)

Name: _____
 First Middle Last

Address: _____

Telephone Number: _____ Email Address: _____

Interest in Subject Property: _____

II. Property Information.

Property Information

Address of Property: _____

Parcel Number: _____

Legal Description of the Property: *(May be attached to application)*

Zoning Classification: _____

Present Use of Property: _____

III. Variance Request.

Type of Variance Requested: _____

Section of the Township Zoning Ordinance: _____

Describe Variance Request:

IV. Standards for Consideration:

Describe the practical difficulties which prevent you from complying with the Township Zoning Ordinance on the subject property.

Describe any unique characteristics or physical conditions of the subject property that do not generally apply to other property or uses in the same zoning district and are not recurrent in nature.

Describe how these practical difficulties or special conditions or circumstances were not the result of the Applicant's actions.

Describe how the variance will only relate to property under control of the Applicant.

Describe how the variance will be in harmony with the general purpose and intent of the Township Zoning Ordinance and will not cause a substantial adverse effect upon surrounding property, property values, and the use and enjoyment of property in the neighborhood or district.

Describe how the strict compliance with area, setbacks, frontage, height, bulk or density would unreasonably prevent the Applicant from using the property for a permitted purpose or would render conformity unnecessarily burdensome.

Describe how the variance requested is the minimum amount necessary to overcome the inequality inherent in the particular property or mitigate the practical difficulty.

V. Supplemental Requirements.

The Applicant shall provide the Township Zoning Administrator with the following items:

- Copies.** Four (4) copies of the application for distribution to the Zoning Board of Appeals.
- Application Fee.** Application fee of \$ _____ as determined by the Township Board to cover costs of process the application. Once an application is accepted as complete no part of any fee shall be refundable except on unused portion of an escrow fee.
- Additional Requirements.** Any additional information or documents required under the Township Zoning Ordinance for specific variance requests.

VI. Signatures: I certify that all statements made above and in attached documents submitted to Cato Township related to this application are true and accurate to the best of my knowledge and that if found to be in error, any decision of the Township based upon the contents of this application may be void.

Applicant: _____

Name: _____

Date: _____

Owner: (If applicable) _____

Name: _____

Date: _____