



PO Box 33, Au Train, MI 49806
(906) 892-8265
www.austraintownship.gov

Total Fee - **\$250.00**
Payable to Au Train Township

Receipt # _____

Date Paid _____

ZONING VARIANCE APPLICATION

APPLICANT

Name _____

Mailing Address _____

City, State, Zip _____

E-Mail _____

PROPERTY OWNER (if different from applicant)

Name _____

Mailing Address _____

City, State, Zip _____

E-Mail _____

PROPERTY ADDRESS _____

Parcel Number 001 - _____ - _____ - _____

Zoning District _____

Current Land Use _____

Property size _____

Legal Description attached

VARIANCE REQUEST DETAIL

SITE PLAN

Please include a blueprint or detailed sketch drawn to scale showing the following:

1. The dimensions of parcel showing the relationship of the subject property to abutting properties.
2. The location of all existing and proposed structures, including signs, on the subject property and all existing structures on land immediately adjacent to the site within 100 feet of the site's parcel lines, all fittingly labeled showing distances between.
3. The location of all existing and proposed drives and parking areas.
4. The location and right of way widths of all abutting streets, alleys, and private drives.
5. The location of proposed planting and screening, fencing, signs, and advertising features.
6. The height and floor area of all proposed structures.
7. Water courses and wetlands.
8. The size, location and type of all existing and proposed public and private utilities (sewage, water, electric.)
9. The location and extent of all earth movement which is planned. Indicate if a sedimentation erosion control permit has been applied for.
10. Any other information necessary to support your presentation and reasons for a variance.

Please draw your sketch in the designated area below. If there is not enough room, attach a separate piece of paper to this form.



Indicate north on arrow

Sketch Date: _____

APPLICATION CONDITIONS

1. I certify that the proposed work is authorized by the property owner of record, and that I have been authorized to make this application.
2. I understand that the approval of this variance is subject to review by the Au Train Township Zoning Board of Appeals in accordance with the Au Train Township Zoning Ordinance, Article XI, Section 1105 - Variances, and that I meet all conditions listed in Section 1105, Item B.
3. I certify that the information provided in this application and any attachments is true and accurate to the best of my knowledge.
4. I certify that the zoning variance would not violate any deed restrictions attached to the property involved in the request.
5. I understand that the fee is non-refundable and is to cover the costs associated with processing this application, and that it does not ensure approval of the application.
6. I acknowledge that this application is not considered filed and complete until all the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be notified of a date to appear before the Zoning Board of Appeals.
7. By signing and submitting this application you hereby grant permission for the members of the Au Train Township Zoning Board of Appeals and the Zoning Administrator to inspect the property at reasonable times, evaluate the use and take audio/visual evidence of the structures and activities on site related to this application and any permissions issued by the Zoning Board of Appeals or Zoning Administrator.

Owner/Agent Signature _____ Date _____

Name (print) _____

A \$250.00 FEE IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION.

MAKE CHECK PAYABLE TO AU TRAIN TOWNSHIP

RETURN TO: Au Train Township, PO Box 33, Au Train, MI. 49806-0033 or place in the drop box at the Au Train Township Clerk/Treasurer Office, N7569 Spruce St., Au Train MI 49806.

FOR ZONING ADMINISTRATOR USE ONLY

File _____ - _____ Date application considered complete _____

Receipt # _____ Fee Paid _____ Zoning District _____

Date public hearing notice published and where _____

Date notices mailed to adjacent property owners _____ Date posted to Township website and at Hall _____

Hearing Date _____ **ZBA Decision** Approved Denied

Conditions (if any) _____

Date _____

Signature, Zoning Administrator