

Date Received: _____
 Application No: _____
 Fee Paid: _____
 Received by: _____



223 East Gates Street
 Romeo, Michigan 48065
 586-752-4585
 Fax 586-752-3870
 www.brucetwp.org

APPLICATION FOR ZONING BOARD OF APPEALS
 BRUCE TOWNSHIP, MACOMB COUNTY, MICHIGAN

Please submit \$650.00 (nonrefundable) and 9 copies of all documentation

Applications must be submitted at least six weeks (6) prior to the scheduled hearing.
 The Zoning Board of Appeals meets on the fourth Monday of each month.

APPLICANT'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____

If you are not the property owner, what is your relationship to him/her? (Circle one)

Builder Have Option to Purchase Agent/Other _____

COMMON ADDRESS OF PROPERTY (OR IF VACANT): _____

LEGAL DESCRIPTION OF PROPERTY: (Use separate sheet if necessary):

PARCEL NUMBER: _____ ZONING: _____

Has any other previous appeal been made with respect to this property? YES or NO (circle one)

Would the standard for which the variance could be granted unreasonably prevent the applicant from using the property for a permitted purpose or render conformity unnecessarily burdensome?

YES or NO (circle one)

If yes, please describe: _____

Is the variance being requested due to unique circumstances present on this parcel? YES or NO (circle one)

Is the variance being requested due to general conditions in the area? YES or NO (circle one)

Were these circumstances created by the applicant or previous owners of the parcel? YES or NO (circle one)

Please describe: _____

REQUEST:

- Appeal of Administrative Decision
- Variance
- Temporary Use

Please indicate the ordinance requirements which are the subject of the variance request:

_____ Setbacks	_____ Frontage	_____ Height
_____ Signs	_____ Accessory building	_____ Parking
_____ Width to depth	_____ Fences	_____ Swimming pools
_____ Other		

EXPLANATION: (If Administrative Appeal or Variance, state the Section of the Ordinance being appealed. Also state any unnecessary hardship that will result if the variance is not granted and what peculiar or unusual conditions are present that justify the request.)

The undersigned acknowledges that if a variance is granted or other decision favorable to the undersigned is rendered upon this appeal, the decision does not relieve the applicant from compliance with all other provisions and requirements of the Bruce Township Zoning Ordinance; the undersigned further affirms that he/she or they are the owners of the property involved and that the answers and statements made on this document and the information submitted are true and correct to the best of his/her knowledge and belief.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Zoning Board of Appeals action/decision may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the decision that may be issued is with the understanding that all applicable sections of the Bruce Township Zoning Ordinance will be complied with. Further, I agree to notify the Building Official of Bruce Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials and staff of Bruce Township, Macomb County and the State of Michigan to enter the property for the purposes of inspection subject to this application. Also, I understand that this is a Zoning Board of Appeals application (not a permit) and any action by the Zoning Board of Appeals conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Date: _____

Applicant's Signature

Applicant Name (please print)

Legal Owner's Signature (if not applicant)

Legal Owner's Name (please print)