NOTICE OF APPEAL FORM TORCH LAKE TOWNSHIP ZONING BOARD OF APPEALS

(Revised 04.11.2024)

Torch Lake Township **Zoning Board of Appeals** PO Box 713 Eastport, Michigan 49627 231-599-2036 231-599-2981 Fax

Before you begin filling out this form.....

h Lake Township			FOR OFFICE USE ONLY		
ng	Board of Appeals		Appeal Number:		
3ox 713			Appeal Category:		
port, Michigan 49627 599-2036			a. Variance:b. Interpretation:		
					599-2981 Fax
(Date ZA received appeal:				
			Date ZA inspected property:		
			Date ZA verified completeness of appeal form:		
		1	Date ZBA received completed form		
			Fee Received: Amt: \$		
		'			
			Date:		
		1	HEARING DATE:		
			APPROVED:DENIED:		
			APPROVED, WITH CONDITIONS:		
re	you begin filling out this fo	orm			
1.	or application that you do not understand, do not hesitate to contact the Zoning Administrator with your questions(s). Because it is unusual for an applicant not to have questions before completing this form, we recommend that you start this process as soon as you know you will be seeking an appeal. If a question does not apply to your request, mark the form N/A. Add extra sheets as necessary to explain the request. A site plan drawn to scale, showing lot, setback, and building lines, significant angles and dimensions, and other details relevant to the matter (waterfront, well and septic locations, roads, topographic features, front side and bird's eye views of proposed structures, easements, etc. when applicable.) Applicant Information:				
	First Name	Middle Initial	Last Name		
	Number	Street	Apt. Number		
	City	State	Zip Code		
	Home Phone:	Work Phone:	E-Mail:		
	Area Code/Number Area Code/Number				
2.	Reason for Appeal—Check one of the following:				
	A. Zoning Variance: Complete Sections 1, 2, 3, 4 and 5				
	B. Zoning Ordinance Interpretation: Complete Sections 1, 2 and 6				
	CAppeal of Zoning Administrator's Decision: Complete Sections 1, 2, 3 and 6 (Completed				

Appeal Form must be submitted within thirty (30) calendar days after decision that is be appealed.)

3. Property Information (add additional sheets if necessary): Property Address:_ Number Street Zip Code City State Property Tax ID # ____ Platted (Registered Subdivision) name______ Un-platted name (if any)____ List any deed restrictions that are affected by this request and attach a copy of same. Directions to the property: (begin at intersection of US 31 and M 88) Names, addresses and phone numbers of all persons having a legal or equitable interest in the property. (Appeals must be signed by the owners of record or an agent authorized in writing [attach copy] by the owners of record). Current zoning of the property: Current use of the property: 4. Zoning Variance

No dimensional variance from the provisions or requirements of this Zoning Ordinance shall be authorized by the ZBA unless the ZBA makes findings of fact approved by the ZBA, establishing all of the following, based upon competent material and substantial evidence on the whole record:

- A. There is a unique circumstance that applies to the property.
- B. The variance is consistent with the spirit of the ordinance and is fair to adjacent properties
- C. The need for the variance is not self-created.

D. The variance requested is the minimum necessary to remedy the practical difficulty.

5.

E. Strict compliance with the zoning ordinance prevents the applicant from using the property for the purposes permitted in the zoning district.

No nonconforming use of neighboring lands, structures or buildings shall, in itself, be considered grounds for the issuance of a variance. It is recommended that the applicant look at the entire section of the zoning ordinance pertaining to variance requests.

Note: Approval or disapproval of this request by adjoining property owners, although a part of the Zoning Board of Appeal's consideration, does not in and of itself constitute grounds for approval or disapproval.

Va	Variance request details including reasons for the same.				
A.	State in detail the variance from the zoning that you are seeking. Reference that part of the zoning ordinance to which your request applies.				
B.	State, in detail, the <u>reason(s)</u> for the variance. Include any and all scale drawings and other information necessary to understand the request. (Use additional pages if necessary).				
	State in detail how you believe you satisfy each of the following five criteria. All five conditions must be met in order to receive a variance.				
	1. Identify, in detail, all unique circumstances that apply to the property.				

Establish how the need for the variance is not self-created by the current owner or any former owners.
Demonstrate in detail how the variance requested in the minimum necessary to remedy practical difficulty.
Explain in detail how strict compliance with the zoning ordinance prevents the owner from
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Zoning Ordinance Interpretation/Appeal of Zoning Administrator's Decision [Not for use with variance appeals]. Be sure to include the following information:

 Zoning Ordinance Chapter(s), Title(s) and Sections that are in question.
 Detailed explanation and history of request.
 Clearly stated explanation of what you believe to be incorrect or open to interpretation.

The applicant(s) agrees and certifies that the information supplied in this application is accurate and true. This includes any additional material introduced before a final decision related to this appeal is rendered by the Zoning Board of Appeals. The applicant(s) understand that they are solely responsible for all material submitted. The Zoning Board of Appeals will be held harmless for any decision or finding based on inaccurate information or documents which do not include all pertinent information or which do not truthfully or fully represent the facts and conditions related to the request.

Further, it is understood by the applicant that, in signing this application form, he/she is allowing reasonable access to the property to which this application applies for both initial inspection(s) and subsequent/final inspections to ensure compliance. Please make sure all property lines are clearly marked and if on Grand Traverse Bay, the Ordinary Highwater Mark (OHWM 580.5') is staked. In addition, if the applicant is not the owner of the property, he/she must have permission, in writing, of the owner to carry out the application requirements of the variance request. The owner's written permission is to be included with this application.

Return this completed form to the Zoning Administrator at least 45 days prior to the scheduled hearing.

Be Aware.....

Zoning permits issued by the Torch Lake Township Zoning Administrator and zoning variance requests approved by the Torch Lake Township Zoning Board of Appeals for properties located in Torch Lake Township are not to be construed to be the only necessary permits for the intended activity in Torch Lake Township. Property owners are responsible for determining and obtaining from the various governmental agencies all necessary permits for the intended activity. These may include county permits covering soil erosion, building, wetlands and county road access. State of Michigan permits may include wetland permits, high-risk erosion permits for properties along Lake Michigan, critical dune permits and various permits associated with commercial development. An Army Corps of Engineers permit may be required for activities that effect wetlands along Lake Michigan. The coordination of such permits is also the responsibility of the property owner. Torch Lake Township is not responsible for any other such permits.

SITE PLAN DRAWING REQUIREMENT:

To the Applicant: Provide a drawing that shows the dimensional variation from zoning that you are seeking. Members of the ZBA, because of their experience, may have a more conforming, and often better, way for you to obtain the variance sought. To do this requires, what may seem to you, more information than you feel is needed. When done with the drawing, you might show the drawing to the Zoning Administrator for his/her input. Incomplete or lacking information can result in delays.

Owner Signature	Date	
Owner Signature	Date	7.7
Authorized Agent/ Represer	_	