



Mail to:
Village of Lexington
7227 Huron Ave., Suite 100
Lexington, MI 48450

Zoning Board of Appeals (ZBA) APPLICATION FOR A USE VARIANCE

*****FOR OFFICE USE ONLY*****

Filing Fee: \$_____ (non-refundable) ☐ Cash ☐ Check #_____ ☐ Charge

Date application and deposit received: _____ Received by _____

Hearing date set for: _____ Date published: _____

A **Use Variance** allows a use of land that is not permitted in the district in which the property is located. Granting of a use variance requires that an “unnecessary hardship” would be imposed if the owner cannot use the property as requested.

Incomplete applications will not be accepted. A hearing will not be scheduled until it has been verified that all the information is present at the time of the application.

Contact: Zoning Administrator **Phone:** (810) 359-8631 **Email:** zoning@villageoflexington.com

Applicant's Name: _____

Phone: _____ **Email:** _____

Address: _____

Agent's name (if not applicant): _____

Phone: _____ **Email:** _____

Name of owner (if different from applicant): _____

Owner's Phone: _____ **Email:** _____

If Applicant is not the owner of the property for which the appeal is taken of variance proposed, has permission been granted from the property owner for this application?

☐ Yes ☐ No ☐ Not Applicable

The USE Variance is being requested for the following described parcel number: _____

Address: _____

Existing Zoning District: _____

Existing Use: _____

Proposed Use: _____

The applicant must provide evidence to show that if the zoning ordinance is applied strictly unnecessary hardship to the applicant will result and that all four of the following requirements are met.

Provide evidence to show that the property could not reasonably be used for any of the purposes permitted in its existing zone district.

Provide evidence that the appeal results from unique circumstances peculiar to the property and not from general neighborhood conditions:

Provide evidence to show that the use requested would not alter the essential character of the area:

Provide evidence to show that the alleged hardship has not been created by any person presently having an interest in the property:

Signature

I hereby certify the following:

1. I desire to apply for the variance indicated in this application with the attachments
2. The information contained herein is true and accurate to the best of my knowledge.
3. The requested variance would not violate any deed restrictions attached to the property involved in the request.
4. I have read Article 11 of the Village of Lexington Zoning Ordinance and understand the necessary conditions that must be completed and the consideration that will be given in making a decision on this petition.
5. I understand that the payment of the application fee is non-refundable and is to cover the costs associated with processing this application and that it does not assure approval of the plan. Please refer to the fee schedule for prices.
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 assigned a date for a public hearing before the Zoning Board of Appeals.
7. I acknowledge that this form is not in itself an approval of the variance but only an application for a variance and is valid only with the procurement of applicable approvals.
8. I authorize Village Staff and Zoning Board of Appeals members to inspect the site.

Property Owner Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____