Village of Saranac

27 North Bridge Saranac MI 48881
Phone: 616-642-6324 Fax: 616-642-0472

Zoning Board of Appeals Application – Page 1

This application must be completed in full and submitted to the Village of Saranac before beginning any construction, excavation or use regulated by the Saranac Village Zoning Ordinance. The fee is $_____.

Application Received Date _____ Fee paid Date _____ Initials _____

Applicant Information

Name_____

Address_____

City _____ State _____ Zip _____

Phone Numbers (_____) _____ (_____)_____ (_____)_____

Email _____

Property Owner Information (if different from applicant)

Name_____

Address_____

City _____ State _____ Zip _____

Phone Numbers (_____) _____ (_____)_____ (_____)_____

Email _____

Application Property Address

Street and House Number _____ Saranac MI 48881

Parcel Number **34-021-**_____ or attach legal description if number not yet assigned

Zoning District: (Circle) LDR MDR-1 MDR -2 HDR MHP NS OSP CBD IND I/S C-PUD R-PUD

Present Use of the Property

_____

_____

_____

Proposed Request

Reason for Zoning Board of Appeals hearing:

_____ Variance

_____ Ordinance or map interpretation

_____ Appeal from administrative decision

_____ Other authorized review

Zoning Board of Appeals Application - Page 2

Description and Characteristics of Request

_____

_____

_____

_____

Include the ordinance section or map for an interpretation request.
Include a letter or document if an appeal.
Include any other request if none of the above or below.
Include a Site Plan if a Variance Request.
Draw a site plan of the property depicting the buildings, lot lines, street, driveway and the requested variance structure with distances to the lot lines and street.

For variances fill out the questions below:

Are there exceptional or extraordinary circumstances or conditions applying to the property that do not generally apply to other properties in the same zoning district?
Yes ___ No ___ Comments _____

Is the request for a variance similar to what other property rights that others in the vicinity enjoy?
Yes ___ No ___ Comments _____

Will the request be incompatible with the public interest?
Yes ___ No ___ Comments _____

Is the request a self-made hardship?
Yes ___ No ___ Comments _____

Will this request cause adjacent property values to have a substantial adverse effect?
Yes ___ No ___ Comments _____

Will the request relate only to the control of the applicant's property?
Yes ___ No ___ Comments _____

Will public safety, preservation of rights, spirit of the ordinance be observed?
Yes ___ No ___ Comments _____

Will the request affect or diminish the purpose of the ordinance?
Yes ___ No ___ Comments _____

Will the request cause an increase in a hazard of fire, flood or similar dangers?
Yes ___ No ___ Comments _____

Will there be substantially increased traffic congestion or hazards?
Yes ___ No ___ Comments _____

Will there be nuisance conditions such as dust, fumes, odor, vibrations, smoke or lights to nearby occupants or premises?
Yes ___ No ___ Comments _____

Will the request impair public health, safety, comfort or general welfare of the residents of the Village?
Yes ___ No ___ Comments _____

Zoning Permit Application - Page 3

Affidavit

I certify and affirm that I am the property or building owner or the owner's authorized agent and that I agree to conform to applicable zoning laws of the Village of Saranac. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location.

Applicant Signature _____ Date _____

Owner Signature _____ Date _____

* * * * * * * * * * * * * * *

Administrative Use

Date of Hearing _____ Date Published _____ Date 300' Notices Sent _____

Date Posted at Office _____

Application Approved _____

Application Denied _____

Decision and Conditions_____

_____

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_____

_____

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