Village of Cass City

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INTERNAL USE ONLY

Date Received:
Received By:

Receipt #: Deposit: $
Method of Payment:

1. FORMAL REQUEST

I (we) _____ (applicant) of _____ (street and number) Village of Cass City, Michigan HEREBY APPEAL TO THE BOARD OF APPEALS ON ZONING FOR (proposed use):

_____

_____

_____

_____

2. LOCATION OF PROPERTY

Street and Number:	
Subdivision and Lot Number:	

3. DESCRIPTION OF CASE

Zoning Classification of Property:	
Description of Property	
a. Size of Lot:	
b. Area of Lot:	
c. Corner or Interior Lot:	
Description of Existing Structures	
a. Number of Buildings on Premises:	
b. Size of Each Building Now on Premises:	
c. Use of Existing Buildings on Premises:	
d. Percentage of Lot Coverage on Ground Level:	

4. DESCRIPTION OF PROPOSED STRUCTURE

Height of Proposed Structure:	
Dimensions of Proposed Building/Addition:	
Area of Proposed Building/Addition:	
Percentage of Lot Coverage of Building/Addition:	

5. SETBACKS AFTER PROJECT COMPLETION

Front Yard (measured from lot line):	
Side Yard (measured from lot line):	
Rear Yard (measured from lot line):	

6. ATTACHMENTS

☐ A sketch/site plan shall accompany the above information upon submission of this application.
☐ Other attachment(s):

_____

7. REASON FOR APPEAL

a. Interpretation of the Zoning Ordinance is requested because:

b. A special permit is requested pursuant to Chapter 46-7.2.C because:

c. Variance to the Zoning Ordinance is requested for these reasons (all reasons must be answered):

(a) The property in question is not physically suitable for use under the limitation of the zoning district in which it is located because:

(b) The hardship created is UNIQUE and is not shared by all properties alike in the immediate vicinity of this property and in this use district because:

(c) The variance would not change the character of the district because:

8. APPEAL CITATION

Article and Section number of the Zoning Ordinance that is being appealed:

9. SIGNATURE

I hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true and correct.

APPLICANT SIGNATURE:		DATE:	

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Action of the Zoning Board of Appeals: Date:

- ☐ Approval
- ☐ Denial

Signature of Chair:

Comments or Conditions of Approval: