



CITY OF YALE

111 West Mechanic Street • Yale, Michigan 48097 • (810)387-3311 Fax: (810)387-3343

ZONING BOARD OF APPEALS APPLICATION

Zoning Record #: _____

Application Fee: **\$100.00**

Date Received: _____

Tax I.D. #: 74-08-_____-_____-_____

Receipt #: _____

Applicant's Name: _____

Applicant's Address: _____

Mailing Address: _____

Home Phone: () - _____ Work Phone: () - _____

Property Owner: _____

Property Address: _____

VARIANCE REQUEST:

1. **FRONT YARD** Request a front yard variance of (_____ ft. _____ in.) from the required (_____ ft.) front yard setback to construct _____
2. **SIDE YARD** Request a side yard variance of (_____ ft. _____ in.) from the required (_____ ft.) side yard setback to construct _____
3. **REAR YARD** Request a rear yard variance of (_____ ft. _____ in.) from the required (_____ ft.) rear yard setback to construct _____
4. **OTHER VARIANCE REQUESTS:** (Temporary structures, temporary signs, etc.)

(IMPORTANT NOTE:) PLEASE BE SPECIFIC AND INDICATE ON A PLOT PLAN THE DIMENSIONS OF THE YARDS BETWEEN HOUSE AND PROPERTY LINES ON ALL SIDES.

Variations are valid for six (6) months from the date granted. Building permits must be issued prior to the six month variance expiration date. Board of Appeals decisions are final, however, may be appealed to circuit court on questions of law and fact.

Temporary structures may be approved for six (6) months. The Zoning Board of Appeals (ZBA) may grant six (6) month extensions for good cause. Temporary uses may be granted for six (6) months if the temporary use is not otherwise permitted in any district. The Zoning Board of Appeals (ZBA) may grant six (6) month extensions for good cause.

File properly completed application, supporting documents and non-refundable filing fee of **\$100.00** (payable to **CITY OF YALE**) with the Zoning Board of Appeals recording secretary. Should you have any questions, **please call (810) 387-3311.**

AFFIDAVIT

Clearly explain and describe:

1. How strict enforcement of the City Zoning Ordinance provisions would cause practical difficulty and deprive the owner of rights enjoyed by all other property owners owning property within the same zoning district.

2. The conditions and circumstances unique to the property which are not similarly applicable to other properties in the same zoning district.

3. The conditions and circumstances unique to the property not created by the owner, or his predecessor in title, within the time following the effective date of the provision alleged to adversely affect such property.

4. Why the requested variance will not confer special privileges that are denied other properties similarly situated and in the same zoning district.

5. Why the requested variance will not be contrary to the spirit and intent of the Zoning Ordinance.

The applicant is hereby notified that if a full Board is not present they have the opportunity to request their case be heard at the next meeting because in the event of a tie the petitioner loses.

I understand that if a variance is granted, it will be valid for only six (6) months from the date granted. Building permits must be issued prior to the six (6) month expiration date.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

I hereby grant permission for members of the City of Yale Zoning Board of Appeals to enter the above described (or described in the attached) property, during daylight hours, for the purposed of gathering information related to this application/request.
(APPLICANTS PLEASE NOTE: (1) THIS IS OPTIONAL AND WILL NOT AFFECT ANY DECISION ON YOUR APPLICATION, AND (2) THE CASE WILL NOT BE DISCUSSED BY MEMBERS OF THE BOARD VIEWING THE SITE.)

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

DISCLAIMER

The Zoning Board of Appeals prefers boundary or stake surveys and strongly recommends that one be provided. If you wish to rely on other than a boundary or stake survey, complete the information below:

I (we) wish to rely on the mortgage survey/site plan sketch dated _____, prepared by _____ and take all responsibility for the accuracy of said survey/sketch. Any loss, damage, cost, or delays incurred due to any dimensional inaccuracies, are understood to be the responsibility of the applicant.

I (we) understand that the survey/sketch will be considered first by the Zoning Board of Appeals at the time of my hearing and may result in the tabling of this case.

Property Owner's Signature (s): _____

Printed Name (s): _____

SITE PLAN

Drawn by: _____ Date: _____

Requirements:

1. Draw to scale of 1" = 20'
2. Show dimensional elements for which a variance is requested.
3. Indicate dimensional relationships of the subject lot to the structures on all adjacent lots. Side yard variance requests must also include side yard dimensions of structures on adjacent properties.