

ALABASTER TOWNSHIP

Iosco County

1716 SOUTH US HIGHWAY 23

TAWAS CITY, MI 48763

989/362.3171

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APPLICATION FOR VARIANCE

TO: Alabaster Township Clerk
ROUTE TO: Alabaster Township Zoning Board of Appeals
FROM:

Name of Applicant (s)

Mailing Address

City, State, Zip Code

Phone/e-mail

1. I (we), the above named applicant, hereby appeal to the Alabaster Township Zoning Board of Appeals in accordance with Section 604 (page 2); Section 902 (page 1; and/or Section 1007 (pages 8-9) of the Zoning Ordinance.

2. The property in question is located at:

_____, Alabaster Township, MI
Address

Being legally described as _____

Alabaster Township, MI
Application for Variance

3. Variance:

_____ a. To authorize, upon an appeal, a variance from the strict application of the provisions of Alabaster Township Rural Zoning Ordinance where, by reason of exceptional narrowness, shallowness or shape of a specific piece of property at the time of enactment of this ordinance, or by reason of exceptional topographic conditions or other extraordinary and exceptional situations or condition of such piece of property, the strict application of a regulation enacted under this Ordinance would result in peculiar and exceptional practical difficulties to, or exceptional or undue hardship upon, the owner of such property in accordance with Section 1008, Article 10, (pages 9-13).

_____ b. Describe unique character of property qualifying it for variance:

_____ c. Describe the peculiar difficulty, practical difficulty, and/or undue hardship: _____

Alabaster Township, MI
Application for Variance

4. With regard to the above appeal, I (we) apply for the following specific decision. Please specify, for example building height, special exception use, variance in lot area requirements, variance in setback requirements.

5. A previous appeal has () has not () been made with respect to this property. Previous Appeal Number was _____, dated _____.

6. I (we) authorize _____
name

address, city, state, phone
to act as my (our) authorized agent in the hearing on my (our) request.

Applicant Signature

Applicant Signature

You are encouraged to attach additional information on your appeal

