



# KEWEENAW COUNTY ZONING BOARD OF APPEALS PUBLIC HEARING REQUEST

Fee: \$350.00 for a special meeting and public hearing  
\$250.00 for a regular meeting and public hearing

Date	Parcel ID Number	<b>ALL INFORMATION IS REQUIRED</b>			
Property Owner(s) Name			Applicant(s) Name		
Mailing Address			Mailing Address Same		
City	State	Zip Code	City	State	Zip Code
Day Phone	Evening Phone		Day Phone	Evening Phone	

**THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S) OR THE OWNER(S) MAY PROVIDE A LETTER AUTHORIZING THE APPLICANT TO ACT ON THEIR BEHALF.**

Current Zoning of Property	Property Address	Total Acreage single lot
Location of Property:	Road	Road

<p style="text-align: center;"><u>Type of Request</u></p> <input type="checkbox"/> A variance of a requirement of the Zoning Ordinance <input type="checkbox"/> A review of an administrative decision <input type="checkbox"/> An appeal of a special approval denial <input type="checkbox"/> An interpretation of the Zoning Ordinance text <input type="checkbox"/> An interpretation of the Zoning Map	<p>Article and/or Section of the Zoning Ordinance being appealed</p> Article _____ Section _____ Subsection _____
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Variance requested (The difference between what is required and what is proposed)

In order for a variance to be granted, applicant must demonstrate a hardship or practical difficulty pursuant to the Keweenaw County Zoning Ordinance. Describe the reason(s) for seeking this variance. Please see the attached documents.

**A COMPLETE SITE PLAN CONTAINING ALL OF THE APPLICABLE DATA OUTLINED IN THE KEWEENAW COUNTY ZONING ORDINANCE MUST ACCOMPANY THIS APPLICATION.**

*I certify the information on and accompanying this application to be complete, true and correct under penalty of perjury by the laws of the State of Michigan. I also hereby grant permission for members of the Planning Commission, Zoning Board of Appeals and county staff to enter the above described property for the purpose of gathering information related to this application.*

Authorized Signature(s) & Date (Letter of authorization required if other than property owner):	
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**DO NOT WRITE BELOW THIS LINE –KEWEENAW COUNTY USE ONLY**

Date Received	Application Fee	Receipt Number	Case Number
Zoning Administrator Signature & Date			
Publication Date	Date Notices Mailed	Public Hearing Date	Other

Supplemental Information  
Zoning Board of Appeals Case No. \_\_\_\_\_

Please answer each of the following questions which correspond to the findings required for variance approval. The responses will be used by the Zoning Board of Appeals in its review of this case. The case will be heard whether or not the questions are completely answered. It is to **your advantage** to provide as detailed and complete a response to each question since it is your responsibility to provide information on each of the approval standards.

1. Why would strict compliance with the applicable Zoning Ordinance Standard(s) prevent the owner from using the property for a permitted purpose or be unnecessarily burdensome?

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2. How will the requested variance ensure substantial justice (fairness) to **both** the applicant as well as other property owners?

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3. Why would a lesser variance that would be more fair to other property owners **not** give substantial relief to the applicant?

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4. What is unique about the property that is different from other properties in the area or the same zoning district?

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5. Explain why the requested variance is not due to the actions of the applicant, owner, or their predecessors.

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Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This form **must be submitted** along with the application form, plans, and fee. Applications which do not include this form will **not** be accepted.