



City of Marine City  
Building Department  
260 S. Parker  
Marine City, MI 48039  
(810) 765-9011  
tkallek@cityofmarinecity.org

# Zoning Board of Appeals Application

Application Fees:  
Residential - \$500.00 Commercial/  
Industrial - \$1000.00 (Receipt Code:  
ZBAFEE)

**NOTE: Additional fees may be assessed by City Planning and/or Engineering Consultants**

The Zoning Board of Appeals meets on the first Wednesday of each month. Applications must be filed at least thirty (30) days prior to a scheduled meeting. The City must notify the surrounding property owners within a 300-foot radius from the address on this application.

Please submit the following documents:

1. Completed Zoning Board of Appeals application
2. **9 copies** of the plot plan of the subject property drawn to scale depicting *(if applicable)*:
  - A. Shape and dimensions of the property
  - B. All existing and proposed structures to be erected, altered, or use changed
  - C. Building-to-building and building-to-property line relationships
  - D. Location of any trees in the affected area measuring at least 6" in diameter
3. Proof of ownership
  - \* If the applicant is not the owner of the land, please provide a document (land contract, purchase agreement, option to purchase, etc.) that indicates the applicant's interest in the property as well as a notarized letter from the property owner indicating no objection to the request.
4. Any other information which the applicant feels will aid the City in its review

*Your application will not be considered unless all required information is provided at the time of submission, and all required fees have been paid.*

**Building permits must be obtained within one year of approval of your variance**

**Address of property where variance is being requested:**

Number

Street

Parcel #

## **Applicant/Owner Information:**

Applicant(s) Name: \_\_\_\_\_

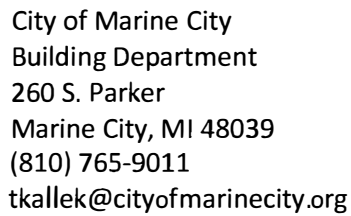
Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name (if different from Applicant): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Application Fees:**  
**Residential - \$500.00 Commercial/**  
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**Variance Request Information:**



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**For a variance to be granted, the Applicant must prove a practical difficulty exists  
RESPONSES TO ALL OF THE FOLLOWING MUST DEMONSTRATE A PRACTICAL DIFFICULTY**

- 1) Strict enforcement of the provisions of the Zoning Ordinance would cause practical difficulties and deprive the owner of rights enjoyed by all other property owners owning property within the same zoning district or render conformity with such restrictions unnecessarily burdensome

Explain: \_\_\_\_\_

\_\_\_\_\_

- 2) Conditions and circumstances are unique to the property and are not similarly applicable to other properties in the same zoning district

Explain: \_\_\_\_\_

\_\_\_\_\_

- 3) Conditions and circumstances unique to the property were not created by the owner, or his predecessor in title, within the time following the effective date of the provisions alleged to adversely affect such property

Explain: \_\_\_\_\_

\_\_\_\_\_

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

Explain: \_\_\_\_\_

\_\_\_\_\_

- 5) The requested variance will not be contrary to the spirit and intent of this Zoning Ordinance

Explain: \_\_\_\_\_

\_\_\_\_\_



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***I (We) herby attest that all the information provided in this application, and attachments submitted, are true and correct to the best of my (our) knowledge and belief.***

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**Applicant's Signature**

**Date**

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**Property Owner's Signature**

**Date**

### **CITY OFFICE USE ONLY**

Appeal #: \_\_\_\_\_

Fee Amount Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

*Building Official*

\_\_\_\_\_  
*City Manager*