



## Charter Township of Orion

Planning & Zoning Department  
2525 Joslyn Rd., Lake Orion MI 48360  
P: 248-391-0304 ext. 154; F: 248-391-1454

# Checklist for Commercial Zoning Board of Appeals Application

Applications must be submitted no later than 30 days prior to a scheduled meeting. Meetings are held the second and fourth Monday of every month, unless otherwise specified.

The applicant (or a representative, with written permission from the property owner) must be present at the meeting.

### **The following must accompany your completed application; incomplete submittals will not be accepted.**

- Completed application, including original ink signatures of property owner and the applicant.
- Application fee of \$500.00, cash or check payable to Orion Township.
- Proof of ownership. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.
- Eight copies of a site plan, where applicable showing:
  - Lot lines with dimensions, and the total square footage of the lot.
  - Label north point.
  - Scale used on plans.
  - Location of all existing and future buildings (including sheds, decks, pools, etc.) and lot coverage.
  - Accurate dimensions of all buildings, and the distances between them and to the nearest lot line.
  - Location of existing drainage courses, flood plains, lakes, streams and woodlots.
  - Location and size of watermains, well sites and building service, existing and proposed.
  - Identify all roads.
  - Parking areas and driveway(s).
  - Setback from the road right-of-way.
  - All adjoining properties within 100'
  - Any easements or proposed easements on or adjacent to the property.
  - Centerlines and road right-of-way widths of all abutting streets.
- Elevation drawings with dimensions of proposed buildings or additions.
- Identification and seal of architect, engineer, land surveyor or landscape architect who prepared the plans (sign submittals are not required to be sealed).
- If any of the items listed are not applicable to a particular site plan, the applicant shall specify on the site plan which items do not apply and why they are not applicable.

### Please note:

- You must stake the corners of the proposed structure(s) at least one week prior to the meeting you are scheduled to attend. This allows members of the Zoning Board of Appeals see the proposed location.
- The Zoning Board of Appeals may require a registered, staked survey to verify the location of property lines. If not required by the ZBA, the Building Inspector may require one prior to approving the initial inspection.



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Case # \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**Charter Township of Orion Zoning Board of Appeals  
Application for Appeal - Commercial**

**NOTICE TO APPLICANT:**

The following application must be completed and filed with the Township at least thirty days prior to a scheduled ZBA meeting in order to initiate an appeal. There is a non-refundable fee of \$500.00 for a commercial application.

Regular meetings of the ZBA are held on the second and fourth Mondays of each month at 7:00 p.m. at the Orion Township Hall, 2525 Joslyn Road, Lake Orion, Michigan 48360. A minimum of three cases are required in order to hold a meeting with a maximum of five. The applicant or a representative with written permission from the property owner must be present at the meeting.

PROOF OF OWNERSHIP MUST BE INCLUDED WITH THIS APPLICATION. Acceptable forms of documentation include: Warranty Deed, Quit Claim Deed, Land Contract, or Option to Purchase with a Copy of the Warranty Deed.

**APPLICANT**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**PROPERTY OWNER(S)**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**CONTACT PERSON FOR THIS REQUEST**

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

**SUBJECT PROPERTY**

Address: \_\_\_\_\_ Sidwell Number(s): \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Length of Ownership by Current Property Owner: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Does the owner have control over any properties adjoining this site? \_\_\_\_\_

Ordinance Allowance/  
Requirement \_\_\_\_\_

Deviation requested \_\_\_\_\_  
List additional ordinance requirements and deviations on a separate page

Case #: \_\_\_\_\_

**COMMERCIAL VARIANCE**

1. Describe the nature of the request. \_\_\_\_\_

2. Describe how the request results from special or unique circumstances particular to the property, which are not applicable to other properties in the surrounding area. \_\_\_\_\_

3. If the appeal is granted, please explain how the variance will/will not be materially detrimental to the public health, safety and welfare, or to other properties or improvements in the Township: \_\_\_\_\_

4. Explain how the request is/is not consistent with other properties in the immediate area, please site examples if possible: \_\_\_\_\_

5. Describe how the alleged practical difficulty has not been self-created. \_\_\_\_\_

6. The topography of said land makes the setbacks impossible to meet because: \_\_\_\_\_

7. Describe how strict compliance with the ordinance unreasonably prevents the owner from using the property for a permitted purpose, or to be unnecessarily burdensome. \_\_\_\_\_

Case #: \_\_\_\_\_

8. Have there been any previous appeals involving this property? If so, when? \_\_\_\_\_

9. Is this request the result of a Notice of Ordinance Violation?  Yes  No

*I/We, the undersigned, do hereby request action by the ZBA on the variance or specified matter above, in accordance with Sections 30.06, 30.07, 30.08, 30.10, and 30.11 of the Zoning Ordinance. In support of this request the above facts are provided. I hereby certify that the information provided is accurate and the application that has been provided is complete. As the property owner (or having been granted permission to represent the owner as to this application), I hereby grant the Zoning Board of Appeals members permission to visit the property, without prior notification, as is deemed necessary.*

**Signature of Applicant:**

*(must be original ink signature)*

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

Print Name: \_\_\_\_\_

**Property Owner:**

*If applicable:*

*I the property owner, hereby give permission to \_\_\_\_\_ to represent me at the meeting.*

**Signature of Property Owner:**

*(must be original ink signature)*

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

Print Name: \_\_\_\_\_

**OFFICE USE ONLY**

Zoning Classification of property: \_\_\_\_\_ Adjacent Zoning:   N.   S.   E.   W.

Total Square Footage of Principal Structure: \_\_\_\_\_ Total Square Footage of Accessory Structure(s): \_\_\_\_\_

Description of variance(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Filed: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_