



Charter Township of Orion

Planning Division

2525 Joslyn Rd., Lake Orion MI 48360

P: 248-391-0304 ext. 154; F: 248-391-1454

Checklist for Single Family Residential 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.

All of the following must accompany your completed application:

- Completed application, including original ink signatures of property owner and the applicant.
- Application fee of \$200.00, 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.
- One copy (if size is larger than 11"x17" provide eight copies), of a scaled plot plan, or mortgage survey 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
 - Parking areas and driveway(s)
 - Setback from the road right-of-way
 - All adjoining properties within 100'
 - Any 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.
- If you live in an area with an active homeowner's association, please provide an additional copy of plans signed and dated by the association.

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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 Planning Division
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Case # _____

Meeting Date: _____

Charter Township of Orion Zoning Board of Appeals Application for Appeal - Single Family Residential

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 \$200.00 for a residential 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: 09- _____

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

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

Zoning Ordinance Allowance/Requirement _____ Deviation requested _____

Case #: _____

RESIDENTIAL VARIANCE

1. Describe in detail 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: _____

Signature of Property Owner:
(must be original ink signature) _____ Date: _____

Print Name: _____

If applicable:
I the property owner, hereby give permission to _____ to represent me at the meeting.

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: _____