

4. Project Information:

Improvement Type <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use Only <input type="checkbox"/> Other <i>Explain</i>		Proposed Use <input type="checkbox"/> Assembly <input type="checkbox"/> Retail <input type="checkbox"/> Factory <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Professional <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Two Family Residential <input type="checkbox"/> Accessory Structure Describe the exact nature of the proposed use:	
Structural Frame <i>Check all that apply</i> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Other		Exterior Walls <i>Check all that apply</i> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Other	
Are there any structural assemblies that are fabricated off site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Frontage (feet)	Stories	Lot Area (sq. feet)	
Front Setback (feet)	Bed Rooms	Building Area (sq. feet)	
Rear Setback (feet)	Full Bathes	Parking Area (sq. feet)	
Left Setback (feet)	Partial Bathes	Living Area (sq. feet)	
Right Setback (feet)	Garages	Basement Area (sq. feet)	
Height Above Grade (feet)	Windows	Garage Area (sq. feet)	
New Residential Units	Fireplaces	Office/Sales Area (sq. feet)	
Existing Residential Units	Enclosed Parking Spaces	Service Area (sq. feet)	
Elevators/Escalators	Open Parking Spaces	Manufacturing Area (sq. feet)	
Est. Start Date	Est. Finish Date	Estimated Building Value	

5. Variance Request

Explain the exact nature of the variance requested, include reference to all relevant sections of the zoning ordinance. Explain how the proposed variance meets the criteria outlined by Section 30-79(e) of the Albion Zoning Ordinance. Use additional pages if necessary.

Section 30-79(e): No such variance in the provisions or requirements of this chapter shall be authorized by the board unless the board finds, beyond reasonable doubt that all of the following facts and conditions exist:

- (1) That there are exceptional or extraordinary conditions applying to the property, that do not apply to other properties or classes of uses in the same zoning district.
- (2) That such variance is necessary for the preservation and enjoyment of substantial property rights possessed by other properties in the same zoning district and in the same vicinity.
- (3) That the authorizing of such variance will not be of substantial detriment to adjacent property and will not impair the purposes of this ordinance or the public interest.
- (4) That the authorizing of such variance shall in no manner or guise be construed to mean a change of use, but shall mean only a variation or modification from the provisions of this chapter.

6. Certification

I hereby certify that I am the owner of record of the named property, and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the Zoning Board of Appeals and Planning Department staff to inspect the site as a part of the consideration of this request. I hereby affirm that if this variance is granted, I will comply with all general and specific special-use conditions required by the Planning Commission under the zoning ordinances. However, I retain the right to decline the variance if I find those conditions unacceptable. Finally, should a variance be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Owner :	Phone	Date
Street Address:		City, State, Zip Code

I hereby certify that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant:	Phone	Date
Street Address:		City, State, Zip Code

7. Evaluation and Determination

SOUTH CENTRAL MICHIGAN CONSTRUCTION CODE INSPECTIONS

Mechanical Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Plumbing Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electrical Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residential Building Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Commercial Building Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Plans Examination	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PUBLIC SERVICES

Right of Way	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Curb Cut	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Soil Erosion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sewer Connection	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ZONING PERMIT

Site Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non-conformity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PUBLIC NOTICE

<i>Public Notice in Newspaper</i>	<i>Letter to Nearby Properties</i>	<i>Public Hearing Date</i>
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PUBLIC HEARING

<i>Zoning Board of Appeals Recommendation (In Favor, Opposed)</i>	<i>Date Applicant was Notified of ZBA Decision</i>
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PLANNING DEPARTMENT APPROVAL/DENY

<i>Signature</i>	<i>Date</i>
<i>Notes</i>	<i>Stamp</i>