

ZONING APPLICATION FOR INTERPRETATION



CHOCOLAY TOWNSHIP

5010 US-41 South
Marquette, MI 49855
Phone: 906-249-1448 Fax: 906-249-1313
chocolay.gov

APPLICATION NUMBER

ZI - ____ - ____

APPLICANT INFORMATION

Property address _____

PROPERTY OWNER

Name _____

Address _____

City / State / Zip _____

Contact number _____

E-mail _____

APPLICANT (if different from property owner)

Name _____

Address _____

City / State / Zip _____

Contact number _____

E-mail _____

If the applicant is not the property owner, the property owner grants permission for the applicant to act on the owner's behalf for this project.

Owner Signature _____ Date _____

APPLICATION NOTES

This application for an interpretation by the Zoning Board of Appeals must be submitted with the associated fee and any submittal information to the Zoning Administrator at least **30** days prior to the next scheduled Zoning Board of Appeals meeting.

RELEVANT ZONING ORDINANCE SECTIONS

LANUGAGE TO BE INTERPRETED

REASON FOR INTERPRETATION REQUEST

ATTACHMENTS TO THE APPLICATION

Additional information, such as a certified survey, can be included with your application if you believe it would support your presentation and reasons for a variance. Please check the item(s) you have included as attachments.

- Brochures of marketing information for any pertinent manufactured items
- Copies of permits that have been granted
- Deed restrictions (if any)
- Photos
- Proof of property ownership(s) and legal description(s)
- Relevant surveys and maps
- Site plan as proposed

APPLICATION CONDITIONS

1. I am the legal owner, or under control, of the property, for which this application is being submitted.
2. I desire to apply for the zoning interpretation indicated in this application and that the information contained herein is true and accurate to the best of my knowledge.
3. I certify the requested zoning interpretation would not violate any deed restrictions attached to the property involved in the request.
4. I understand the fee is non-refundable and is to cover the costs associated with processing this application, and that it does not assure approval of the application.
5. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Zoning Board of Appeals that may not necessarily be the next scheduled meeting due to notification requirements.
6. I acknowledge that this form is only an application for a zoning interpretation and is valid only with procurement of applicable approvals.

Owner / agent signature _____ **Date** _____

Name (print) _____

ZONING ADMINISTRATOR

Zoning Administrator Denial

Original request

Zoning Compliance Permit Permit number _____

Other Other description _____

Denial date _____

Denial reason

Zoning Administrator Comments

TOWNSHIP OFFICE

Parcel ID **52-02-** _____ - _____ - _____ **Zoning District** _____

Application Charge **\$300.00**

Date paid _____ Receipt number _____

Information Received

- Brochures of marketing information for any pertinent manufactured items
- Copies of permits that have been granted
- Deed restrictions (if any)
- Photos
- Proof of property ownership(s) and legal description(s)
- Relevant surveys and maps
- Site plan as proposed

Public Hearing Notifications

Minimum of 30 calendar days prior to the Zoning Board of Appeals meeting

Scheduled Zoning Board of Appeals meeting date _____

Date public hearing notice to be published _____

Date notices to be mailed to the affected public _____

Date notice to be posted on the Township web site _____

Zoning Administrator signature _____ **Date** _____