

# 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 15 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** \_\_\_\_\_