Gratiot County Zoning Board of Appeals
Department of Community Development
214 E Center St., Ithaca, MI 48847
planning@gratiotmi.com / (989) 875-5201

Office Use Only:
Date Received

Variance Application

Elba, Hamilton, Lafayette, Newark, North Star and Sumner Townships

Submit this completed application to the Gratiot County Community Development Office. A public hearing will be scheduled at which time the application and detailed site plan will be reviewed. All property owners within 300 feet of the property lines of the parcel in question will be notified. Application Fee (Non-refundable): $350.00

1. Property Owner Information		
NAME:	MAILING ADDRESS:	
CITY/VILLAGE:	STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE #:	

2. Parcel Information		
ADDRESS:	CITY/VILLAGE:	
STATE:	ZIP CODE:	PARCEL #:
ZONING DISTRICT:	CURRENT USE:	

TOWNSHIP: ☐ ELBA ☐ HAMILTON LAFAYETTE ☐ NEWARK ☐ NORTH STAR ☐ SUMNER

3. Variance Information	
Type of Variance	☐ Non-Use Variance ☐ Use Variance
Legal Description	***Include copy of most recent tax bill or copy of deed.
Zoning Ordinance Article and Section Number(s)	
Reason for Request	_____ _____ _____
Site Plan	***Include (12) physical copies or (1) digital copy of a site plan, drawn to scale, with existing structures, current setbacks, proposed structures, proposed setbacks, roads, nearest cross roads, and any water features (lakes, drains, wetlands, ponds, creeks, etc.).
Statement	***Include written statement regarding compliance with the review standards set forth in Section 17.4, 3.

4. Adjacent Property Owners

Include all names and addresses of property owners with real property within 300' (adjacent) of the proposed parcel affected by the request: _____
_____
_____

5. Applicant Information		
NAME:	MAILING ADDRESS:	
CITY/VILLAGE:	STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE #:	

☐ I hereby grant permission for members of the Gratiot County Zoning Board of Appeals to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application.

☐ I DO NOT grant permission for members of the Gratiot County Zoning Board of Appeals to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application.

***Note to Applicant: This is optional and will not affect the decision on your application.**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES APPLICABLE TO THIS APPLICATION. APPLICANT HEREBY CERTIFIES THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND AGREES TO CONFORM TO THE GRATIOT COUNTY ZONING ORDINANCE. ALL INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF APPLICANTS KNOWLEDGE.

X_____ _____

Applicant Signature Date

*****DEPARTMENT USE ONLY*****

APPLICATION – ☐ APPROVED ☐ DENIED DATE OF PUBLIC HEARING: _____.

_____ _____

Zoning Administrator Signature **Date**