

- * Case # _____
- * Parcel # _____
- * Date Rec'd _____
- * Received by _____

NOTE:

The applicant or his/her representative must attend the meeting to respond to questions the board may have.

**APPLICATION FOR ACTION
BY ALPENA BOARD OF ZONING APPEALS**

This application is to be completed by the applicant. City staff is available to answer any questions related to this application or the zoning process. The Zoning ordinance may be reviewed at the Alpena County Library. Copies may be purchased from the City Clerk. Please provide all information requested by typing or printing in ink. Answers should be clear and concise. If additional space is needed, number and attach additional pages. An application will not be accepted unless accompanied by proper fee. An additional charge to cover the cost of a public hearing must be paid before notices will be distributed. All information provided herein becomes public record upon submittal.

Applicant/Appellant Information

Applicant's/Appellant's Name	Address	Zip
	Telephone (home and business)	

Owner(s) of property affected by this action/appeal if different than applicant/appellant. (If more than one attach a list of names and addresses)	Address	Zip
	Telephone (home and business)	

Action Requested

A hearing before the Alpena Zoning Board of Appeals is requested for the purpose checked below:

Administrative Review: Appeal an interpretation or action of the building inspector and City staff, and/or clarify ordinance language and intent. (Per Section 2302 and 2304)

Variance from strict application of ordinance provisions. (Per Section 2304)

Property Information

A. Legal description of property affected by this appeal: _____

Address of property: _____

B. List all deed restrictions (attach additional pages if needed) : _____

C. Present use of property: _____

D. Present zoning classification of the property: _____

E. Attach to this application a scaled drawing on 8 ½ x 11 inch or larger, which indicates the following (Place the applicant's signature on the drawing):

- Boundary lines of lot.
- Location of all existing structures on lot.
- Location of all proposed structures or additions.
- Location of all buildings on adjacent lots that are within 5 feet from the Applicant's property line.

Detail of Request (Complete Section A or B)

A. If requested hearing is for Administrative Review, Appeal or Interpretation:

1. Zoning Ordinance provision(s) related to this appeal is (are): _____

2. Describe the alleged error, decision or refusal which has resulted in this appeal. Give specific relevant facts such as dates, names, places, dimensions, etc. _____

3. Complete the specific wording of the desired action by the Board of Zoning Appeals. "The Board hereby approves _____

4. Why is the desired action the best action in this matter? What alternatives have been considered?

5. How will the desired action affect adjoining properties, congestion in public streets, surrounding property values and public health, safety, comfort, morals and welfare? (Section 2304.2)

B. If requested hearing is for Variance:

1. Check the Ordinance requirement(s) which is (are) the subject of the variance request.

- | | | |
|--------------|----------------------|-----------------------|
| setback | loading space | off street parking |
| lot coverage | obscuring wall/fence | height |
| signs | area requirements | other (specify) _____ |

2. Check and describe the characteristics of the property which require the granting of a variance (include dimensional information).

- | | | |
|-------------|-----------|-----------------------|
| too narrow | elevation | soil |
| too small | slope | subsurface |
| too shallow | shape | other (specify) _____ |

3. Specifically state what is intended to be done on, or with, the property which necessitates a variance. Give specific relevant facts such as dimensions, materials, dates, etc. _____

4. Reasoning and Impact.

a. Can the property be used in a manner permitted by the Zoning Ordinance if a variance is not granted? Yes No If no, explain why not. _____

b. Is this property unique? Yes No If yes, explain the unique conditions.

c. If granted, how would the action permitted by this variance affect the character of the neighborhood? _____

d. Are the characteristics described in b. (above) the result of past construction or use of the property by its present or past owners/tenants? Yes No If no, what action created the property's non-compliant characteristics? _____

Impact on Surrounding Lands

If this request if granted:

A. What are likely to be the positive and negative impacts of this decision on surrounding land and neighbors?

Positive: _____

Negative: _____

B. How do you propose to minimize any potential negative impacts that the approval of this request may cause?

Signature

The undersigned affirm that they accept the responsibility of this application and pledge to comply with City zoning regulations. The undersigned also affirm that information herewith submitted is true and correct to the best of their knowledge.

Applicant(s) Signature

Date(s)

Applicant(s) is (are):

Owner

Tenant

Authorized Representative of Owner

Additional Comments

For Office Use Only

Date notice published: _____

Date notices sent: _____

Date of hearing: _____

Date action taken: _____

Action taken: _____

Date confirmation sent to appellant: _____