



# VARIANCE APPLICATION

## CITY OF NILES

333 N 2<sup>nd</sup> Street, Niles, MI 49120

(269) 683-4700 ext. 3020

Revised 11-8-2021

### FOR OFFICIAL USE ONLY

ZBA Date: \_\_\_\_\_

Application Fee (payable to City of Niles): \$500.00

Payment Received: \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check No: \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Request is for:

Residential Construction (New/Existing)  Vacant Property  Commercial  Signage

1. Address of subject ZBA case: \_\_\_\_\_

2. Zoning of subject property: LDR MDR NC OC CB RC IND OS

3. Property owner name (if other than applicant): \_\_\_\_\_

4. Indicate ordinance section(s) and variances requested:

1. Section \_\_\_\_\_ Variance requested: \_\_\_\_\_

2. Section \_\_\_\_\_ Variance requested: \_\_\_\_\_

3. Section \_\_\_\_\_ Variance requested: \_\_\_\_\_

4. Section \_\_\_\_\_ Variance requested: \_\_\_\_\_

5. Please submit an accurate, scaled drawing of the property showing:

- 1) All property lines and dimension correlated with the legal description.
- 2) The location and dimensions of all existing and proposed structures and uses on the property.
- 3) Any roads, easements, drains or waterways which traverse or abut the property.
- 4) Dimensions necessary to show compliance with the regulations of this ordinance.

6. Explanation of Request: The following standards must be met for a variance to be granted. Please provide detailed, complete responses that explain the practical difficulties which prevent conformance with the City of Niles Zoning Ordinance requirements and how your request meets each of the following six (6) standards:

1) That the need for the variance is due to unique circumstances or physical conditions, such as narrowness, shallowness, shape, water or topography, of the property involved and that the practical difficulty is not due to the applicant's personal or economic hardship. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2) That the need for the variance is not the result of actions of the property owner or previous property owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3) That strict compliance with area, setback, frontage, height, bulk, density or other dimension requirement will unreasonably prevent the property owner from using the property for permitted purpose, or will render conformity with those regulations unnecessarily burdensome. Potential additional costs required in complying with this Ordinance shall not be deemed to made compliance unnecessarily burdensome. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4) That the variance will do substantial justice to the applicant as well as to other property owners in the district, or a lesser relaxation than applied for would give substantial relief to the owner of the property involved and be more consistent with justice to other property owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5) That the variance will not cause adverse impacts on surrounding property, or the use and enjoyment of property in the neighborhood. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6) That the variance shall not permit the establishment within a district any use which is not permitted by right, or any use for which a special land use or temporary use permit is required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

PLEASE TAKE NOTICE: The undersigned hereby appeals the determination of the Building Official or Zoning Administrator:

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Property Owner's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**DECISION BY ZONING BOARD OF APPEALS**

\_\_\_\_\_ Granted    \_\_\_\_\_ Denied

The Building Official is hereby authorized to issue a Variance Permit to the Applicant upon the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZBA Chairperson's Signature

Date

\_\_\_\_\_

\_\_\_\_\_