

VARIANCE APPLICATION

Charter Township of Royal Oak, Michigan

21131 Garden Lane
2nd Floor
Ferndale, MI 48220

**CHARTER TOWNSHIP OF ROYAL OAK
APPLICATION OF VARIANCE**

OFFICE USE ONLY	
Applicant Name:	
SP Name:	
Date Received:	
Fee Amount:	Date Paid:

THE APPLICANT SHALL APPEAR IN HIS OWN BEHALF OR BY REPRESENTATION AT THE ZONING BOARD OF APPEALS MEETING. FAILURE TO DO SO SHALL BE SUFFICIENT CAUSE FOR DISMISSAL OF THE PETITION. This application must be submitted in three (3) duplicate copies.

1. Petitioner: _____

Company Name: _____

(If Applicable)

Address: _____

Telephone: _____

2. Representative: _____

Company Name: _____

(If Applicable)

Address: _____

Telephone: _____

3. Basis of representation (e.g. owner, option to buy, legal representative):

PROOF OF OWNERSHIP MUST BE SUBMITTED (copy of title, option, tax bill, etc.)

4. Location of property (street and nearest intersection): _____

5. Property IS # and Zoning Classification: _____

Area of lot (acres/square feet): _____

Dimensions of lot: _____

Area of other structures (decks, gazebos, etc.): _____

Percentage of lot coverage of buildings: _____

13. Proposed structures: _____

Area and dimensions of proposed structures: _____

Height of proposed structures: _____

Use of proposed structures: _____

Percentage of lot coverage including proposed structure: _____

14.

Yard Setbacks	<u>Existing</u>	<u>Proposed</u>
Front:	_____	_____
Side:	_____	_____
Side:	_____	_____
Rear:	_____	_____

15. A sketch drawn to scale depicting the above information shall accompany this application. The sketch must also indicate the property boundary dimensions, all structures within fifty (5) feet of your property, and all other notable information such as easements, septic fields, surrounding zoning, etc. If possible, this sketch shall be on paper 8 1/2 inches by 11 inches in size. **APPLICATIONS WITHOUT A SKETCH SHALL NOT BE ACCEPTED.**

16. Township department that denied requested action:

Building Department _____

Planning Commission _____

Zoning Board of Appeals _____

Other _____

NOTE: Your consideration of Royal Oak Township is appreciated. If help is needed please call the Township offices between 9:00 a.m. and 5:00 p.m. at (810) 547-9800. Thank you.

I hereby dispose and say that all the above statements contained in the papers submitted herewith are true and correct.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public _____ County, Michigan

My Commission expires: _____