

Village of Hillman

P.O. Box 96

24220 Veterans Memorial Highway, Hillman, MI 49746

Phone: (989) 742-4751 Fax: (989) 724-4947

Email: office@hillmanmichigan.org

APPLICATION FOR ZONING APPEAL

APPLICANT (PERSON FILING THE APPEAL): _____

ADDRESS: _____ TELEPHONE (HOME): _____

_____ TELEPHONE (BUSINESS): _____

APPLICANT'S STANDING (INTEREST) IN THE APPEAL:

- Property owner
 Adjacent property owner
 Other affected individual. Explain: _____
 Other. Explain: _____

PROPERTY OWNER'S (of land subject to appeal) NAME AND ADDRESS (if different from the applicant):

Name: _____

Address: _____

Telephone: _____

ADDRESS OF LAND SUBJECT TO APPEAL (if known): _____

PARCEL SIZE SUBJECT TO APPEAL: _____

PROPERTY DESCRIPTION OF LAND SUBJECT TO APPEAL (include nearest intersection): _____

PARCEL (tax) NUMBER FOR LAND SUBJECT TO APPEAL: _____

ZONING DISTRICT OF PROPERTY SUBJECT TO APPEAL (see zoning ordinance): _____

ACTION REQUESTED: (check one)

To interpret a particular section of the zoning ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation. The Section is: _____

To interpret the zoning map, as it is felt the Zoning Administrator/Planning Commission is not reading the map properly. Describe the portion of the zoning map in question (attach detail maps if applicable):

To grant a non-use variance to certain requirements of the zoning ordinance (parking, setbacks, lot size, height, floor area, sign regulations, location of accessory buildings, maximum amount of lot coverage, etc.). Specify the section and specific regulations a variance is being sought from: _____

To grant a variance from uses allowed in the district. Specify the use for which approval is being sought:

To overturn an action of the Zoning Administrator/Planning Commission. The Zoning Administrator/Planning Commission erred (did not issue a permit, issued a permit, enforcement):

RULING SOUGHT:

What is the sought ruling by the Village of Hillman Zoning Board of Appeals?

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION:

State specifically the reason for this demand for appeal request: _____

ATTACH 6 COPIES OF A PLOT PLAN OR SITE PLAN, as specified in the Village of Hillman Zoning Ordinance Article 8.

Attached

VARIANCE, MAP INTERPRETATION INFORMATION:

If you are seeking a variance, or a map interpretation, the following must be provided:

1. Attach or list all deed restrictions for the property in question.

2. Attach a list of names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property in question.

3. This area is unplatted platted will be platted.

If platted, name of plat: _____

4. What is the present use of the property? _____

ATTACH EVIDENCE OF PROPERTY OWNERSHIP

Attached

LIST ANY ADJACENT PARCELS UNDER THE SAME OWNERSHIP:

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be void. Further I agree, any Zoning Board of Appeals ruling and subsequent permit that may be issued is with the understanding all applicable sections of the Village of Hillman Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for the Village of Hillman for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Village of Hillman, Montmorency/Alpena County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Also I understand any zoning action by the Board of Appeals conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

NOTE: Property lines & locations of proposed uses must be marked on the ground before a permit will be issued unless not applicable. Applicant must notify the Zoning Administrator when the property is marked and ready for inspection.

Signed: _____

Date: _____

Office Use Only:

Case #: _____

Date Received: _____

Fee Received: _____

Check #: _____

Hearing Date: _____

Appeals Board:

Action: _____

Date: _____

Expiration Date: _____

Permit #: _____

