Conway Township
8015 N. Fowlerville Road
PO Box 1157
Fowlerville MI 48836
Phone 517-223-0358
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zoningadmin@conwayMI.gov



Application and Notice of Appeal Conway Township Zoning Board of Appeals

Applicant	Address	
Owner	Address	
Phone	Email	
Location of Property		
Property ID	Zoning District	Present Use

Instructions: Only complete either Section 1, 2 or 3. This application is not acceptable unless all required statements have been made and required documentation is provided. Additional information may be supplied on a separate sheet if necessary.

Section 1 – Administrative review

Applicant requests an appeal of a decision of the □ Zoning Administrator □ Planning Commission or □ Other administrative official carrying out or enforcing provisions of the Zoning Ordinance (check one).

Describe decisio	n		Dat	e made	
Error claimed &	reasoning				
Relief requested					
Section 2 – Inte	rpretation of Z	Coning Ordinar	ice		
	• I	1		of either (check one)	
□ Article					
□ Zoning Map r	regarding	Desc	ribe need for re	equest	
Section 3 – Var	iance				
Applicant reques	sts a variance fr	om Article	Section	of the Zoning Ordin	ance to permit the

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toll	owing

Identify the exceptional characteristics of the property that make compliance with the dimensional or other non-use requirements of the Zoning Ordinance substantially more difficult than other properties in the same Zoning District

Explain how these characteristics apply to this property, and are not related to some other issue or location _____

Explain how a lesser relaxation of the requirements than the one requested would not give substantial relief to you or give justice to other property owners _____

Explain how the need for the variance is not self-created_____

Explain how the proposed variance will not be harmful to or alter the essential character of the area surrounding the property ______

Describe how the variance will observe the intent and purpose of the Zoning Ordinance, secure public safety, and result in substantial justice _____

Supporting Documents

 \square Proof of Ownership such as a deed (Sections 1, 2, 3)

 \Box Drawings (Sections 3) drawn to a readable and accurate scale (no less than 1" = 100') showing at least all of the following: property lines; locations of existing and proposed buildings, additions, parking, drives, well, septic, and easements; distances between existing and proposed improvements; location and distance from any buildings or structures on adjoining property; and any other information pertinent to the variance request.

□ Deed restrictions applicable to the property (Section 3)

Applicant must provide 7 copies of the completed application and supporting documents. The application will not be set for hearing until all of the required information has been received.

Affidavit

The undersigned affirms that they are the owner of the property and/or applicant as designated below and the foregoing answers, statements, and information are true and accurate to the best of their knowledge, information, and belief. By making this application, the undersigned grants all officials and staff of Conway Township access to the subject property as may be deemed helpful by Conway Township in its consideration of this application.

Signature of Applicant

Signature of Owner (if different than Applicant)

For	Townsl	hip	use	only:
	10.1101	P		enj.

Administration Fee: \$600 Escrow: \$1000

Fee \$
Escrow \$
Date \$ Received:
Check #: