

# CHARTER TOWNSHIP OF COMMERCE APPLICATION FOR ZONING BOARD OF APPEALS

OFFICE USE ONLY

DATE: \_\_\_\_\_

CASE# \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

ADDRESS OF SUBJECT PROPERTY: \_\_\_\_\_ LOT# \_\_\_\_\_

SIDWELL NUMBER: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

WATER:  PUBLIC WATER  WELL

SEWAGE:  PUBLIC SEWER  SEPTIC

THE APPLICANT HEREBY REQUESTS A HEARING BEFORE THE COMMERCE TOWNSHIP BOARD OF ZONING APPEALS FOR THE PURPOSE INDICATED BELOW:

Ordinance or Map Interpretation

Dimensional Variance

Sign Exception

Appeal of an Administrative Decision

DETAILS OF REQUEST: \_\_\_\_\_

IF YOU ARE APPLYING FOR A DIMENSIONAL VARIANCE OR A SIGN EXCEPTION, PLEASE SEE THE ATTACHMENT LISTING THE CRITERIA FOR OBTAINING A DIMENSIONAL VARIANCE AND/OR A SIGN EXCEPTION. THE APPLICANT MUST SUBMIT A LETTER STATING THE REASON(S) FOR THE REQUEST, AND ADDRESS THE APPLICABLE REVIEW CRITERIA SPECIFIED IN THE ZONING ORDINANCE FOR THE TYPE OF REQUEST.

I understand that, if the request is approved, I am in no way relieved from all other applicable requirements of the Township Zoning Ordinance. I understand that approval of a dimensional variance or a sign exception becomes null and void if not used within one year from the date of issuance. I further understand that representatives of Commerce Township will be entering my property as part of their review of this request.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEE ATTACHED INFORMATION FOR THE SUBMITTAL OF YOUR APPLICATION REQUEST**