

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 Appeal of an Administrative Decision

DETAILS OF REQUEST: _____

IF YOU ARE APPLYING FOR A DIMENSIONAL VARIANCE, PLEASE SEE THE ATTACHMENT LISTING THE CRITERIA FOR OBTAINING A DIMENSIONAL VARIANCE. 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 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