

**BINGHAM TOWNSHIP  
LEELANAU COUNTY - MICHIGAN**

**APPLICATION FOR ZONING BOARD OF APPEALS HEARING FOR:**

- Interpretation of unclear language in the Zoning Ordinance.
- Determination of precise location of boundary lines between zoning districts.
- Decision of Appeal from requirements, decision, and/or determination made by the Zoning Administrator.
- Dimensional variance, from the strict and literal enforcement of the Zoning Ordinance, due to practical difficulties unique to the property in question.

**APPLICANT'S NAME:** \_\_\_\_\_  
(PROPERTY OWNER)

**DATE FILED** \_\_\_/\_\_\_/\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**FILING FEE** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CASE NUMBER** \_\_\_\_\_

(PLEASE LIST ANY ARCHITECTS, ENGINEERS, DEVELOPERS, ETC. WITH THEIR ADDRESSES AND CONTACT NUMBERS, AND WHAT THEIR INTEREST IN THE REQUEST IS, ON A SEPARATE SHEET TO BE ATTACHED TO THE APPLICATION.)

Please provide the following information where applicable to the specific request.

**DESCRIPTION/REASON FOR REQUEST (PLEASE BE VERY SPECIFIC):**

**ADDRESS AND TAX ID OF SUBJECT PARCEL:** 45 - 001 - \_\_\_ - \_\_\_ - \_\_\_

**LEGAL DESCRIPTION OF SUBJECT PROPERTY:**

A SCALED SITE DRAWING, 1"=50' MINIMUM SCALE, INDICATING LOT LINES, EXISTING BUILDINGS AND STRUCTURES, DRIVEWAYS, AND PROPOSED CONSTRUCTION, IF ANY.

"I understand that if the requested variance is granted I am in no way relieved from all other applicable requirements of the Bingham Township Zoning Ordinance."

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

**OFFICE USE ONLY**

**DATE OF HEARING:** \_\_\_/\_\_\_/\_\_\_

**CC:** \_\_\_\_\_ PETITIONER  
\_\_\_\_\_ BUILDING DEPARTMENT  
\_\_\_\_\_ TOWNSHIP CLERK  
\_\_\_\_\_ PLANNING DIRECTOR

**PROPERTY OWNERS**

**NOTIFIED:** \_\_\_/\_\_\_/\_\_\_

**FINAL ACTION OF ZONING BOARD OF APPEALS:**

\_\_\_\_\_ APPROVED AS REQUESTED

**BASIS OF FINDING:**

\_\_\_\_\_ DENY

\_\_\_\_\_ MODIFIED APPROVAL:

\_\_\_\_\_ MINUTES ATTACHED