

CHARTER TOWNSHIP OF COMSTOCK

Agenda Item



Application Request To The Zoning Board of Appeals

Applicant: _____ Phone: (____) _____

(Please Print)

Address: _____ City: _____ State _____ Zip Code: _____

Email address: _____

Legal Owner of Property (if different from above): _____ Phone: (____) _____

Address: _____ City: _____ State _____ Zip Code: _____

Subject Property Address: _____

Comstock Township Tax ID No./Parcel Number: 3907 - _____ - _____ - _____

TYPE OF REQUEST:

(____) A. A variance from the requirements of the Zoning Ordinance

(____) B. An interpretation of the Zoning Ordinance

(____) C. An appeal from a determination of a Township Official

(____) D. Other: _____

PROPERTY'S CURRENT ZONING:

(check one)

SEC.	CODE	DESCRIPTION
<input type="checkbox"/>	9.00	AGR Agriculture-Residential
<input type="checkbox"/>	9.50	A.H. Agriculture-Horticulture
<input type="checkbox"/>	10.00	R1-A Single Family Residential
<input type="checkbox"/>	10.00	R1-B Single Family Residential
<input type="checkbox"/>	11.00	R1-C Cluster Housing
<input type="checkbox"/>	12.00	RM Multi-Family Residential
<input type="checkbox"/>	12.50	RSM Senior Citizen Housing
<input type="checkbox"/>	13.00	RMH Mobile Home Park
<input type="checkbox"/>	14.00	O-1 Office
<input type="checkbox"/>	15.00	B-1 Neighborhood Business
<input type="checkbox"/>	16.00	B-2 Community Business
<input type="checkbox"/>	17.00	B-3 General Business
<input type="checkbox"/>	18.00	LM Light Manufacturing
<input type="checkbox"/>	18.50	LD Restricted Industrial
<input type="checkbox"/>	19.00	M Manufacturing
<input type="checkbox"/>	20.00	OW Open Wetlands

Owner has consented to this application: (____) Yes (____) No

Please attach a diagram of the property (see reverse side for Checklist)

Detail the purpose or reason for requesting this hearing and attach additional sheet(s) if necessary: _____

Access: (____) Yes (____) No I grant permission for Township Officials to walk the site.

I (We) or a representative of my (our) behalf will attend the hearing to provide information and answer questions. It is understood the meeting will be open to all interested persons.

Fee: \$ 500.00 (Ck # _____)
Amount Paid

Township Official Handling Payment: _____
Official Initials

Applicant Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY A TOWNSHIP OFFICIAL

Meeting Date: _____

Why Application is Required: _____

Ordinance Reference: Section(s) _____ Page(s) _____

The Zoning Board of Appeals meets at 4:00 p.m. the 4th Tuesday of every month at the Township office

Charter Township of Comstock

Zoning Board of Appeals Checklist

The following checklist must be completed prior to the meeting for the Zoning board of Appeals to consider this request:

- _____ 1. Diagram of the subject property with the following:
- North arrow and approximate scale;
 - All lot and right-of-way lines are shown with dimensions;
 - All existing buildings shown in solid lines with dimensions;
 - All proposed buildings shown with dotted lines and dimensions;
 - Distances of each existing and proposed buildings shown from all four property lines and any abutting road right-of-way lines.
- _____ 2. The property is marked with a permanent or temporary address marker at least five days before the Board meeting
- _____ 3. Eight (8) copies of the completed diagram(s).