Burt Township
PO Box 430
Grand Marais, Michigan 49839-0430
Phone: (906) 494-2381 Fax: (906) 494-2627

Application for Variance from the Township Zoning Ordinance

I.   Applicant:

Applicants Name:_____

Address:_____

Address for the property for which this variance is requested:

_____

II.   Legal Description

Section_____ Twp._____Range_____ Parcel Code__02-002_____

Block_____Lot_____Plat Name_____
E-Number and
Local Street Address_____

Current Zoning District: R-1   R-2   C-1   C-2   BAY   RF   RP   LS/R
(circle appropriate one)
                                 NR   I   PR   SD/TP-IBZ   RM-IBZ   RR-IBZ

III.   A Variance is Requested to Permit the Following:

_____

_____

IV.   Identify Size, Height, and Proposed Use of any Buildings:

Size_____   Height at Peak_____ feet   Height at Eaves_____feet

Proposed Use:_____

V.   The Practical Difficulty in Complying with the Zoning Ordinance and the Reasons a Variance
       is Necessary Include:

_____

_____

_____

_____

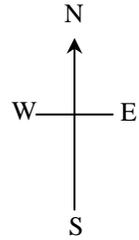VI.   What Alternatives have been considered?

_____

_____

_____

_____   _____
Applicant   Date

Lot Diagram

Draw a diagram of the lot on which the building is to be constructed, showing the size of the building and where it is located on the lot. Also show the distance from the building to the front, side, and rear lot lines. Show all buildings presently on the property.

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The owner authorizes appropriate township officials to make onsite inspections to review this site plan.

Owner or Owner's Agent Signature_____

Date_____

Zoning Administrators Comments: Cost: $300.00   Date Pd._____

_____   ☐ Cash   ☐ Check   No._____

_____   All Fees are Non-Refundable

_____

Zoning District of Parcel:_____

Lot Size:_____

Date:_____

ZONING BOARD OF APPEALS DECISION:

Motion by:_____ Seconded by:_____

Vote:_____