

# Village of Saranac

27 North Bridge Saranac MI 48881  
Phone: 616-642-6324 Fax: 616-642-0472

## Zoning Board of Appeals Application – Page 1

This application must be completed in full and submitted to the Village of Saranac before beginning any construction, excavation or use regulated by the Saranac Village Zoning Ordinance. The fee is \$\_\_\_\_\_.

Application Received Date \_\_\_\_\_ Fee paid Date \_\_\_\_\_ Initials \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Property Owner Information (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Application Property Address

Street and House Number \_\_\_\_\_ Saranac MI 48881

Parcel Number **34-021-** \_\_\_\_\_ or attach legal description if number not yet assigned

Zoning District: (Circle) LDR MDR-1 MDR -2 HDR MHP NS OSP CBD IND I/S C-PUD R-PUD

### Present Use of the Property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Proposed Request

Reason for Zoning Board of Appeals hearing:

\_\_\_\_\_ Variance

\_\_\_\_\_ Ordinance or map interpretation

\_\_\_\_\_ Appeal from administrative decision

\_\_\_\_\_ Other authorized review

**Description and Characteristics of Request**

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**Include the ordinance section or map for an interpretation request.**

**Include a letter or document if an appeal.**

**Include any other request if none of the above or below.**

**Include a Site Plan if a Variance Request.**

Draw a site plan of the property depicting the buildings, lot lines, street, driveway and the requested variance structure with distances to the lot lines and street.

For variances fill out the questions below:

Are there exceptional or extraordinary circumstances or conditions applying to the property that do not generally apply to other properties in the same zoning district?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Is the request for a variance similar to what other property rights that others in the vicinity enjoy?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will the request be incompatible with the public interest?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Is the request a self-made hardship?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will this request cause adjacent property values to have a substantial adverse effect?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will the request relate only to the control of the applicant's property?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will public safety, preservation of rights, spirit of the ordinance be observed?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will the request affect or diminish the purpose of the ordinance?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will the request cause an increase in a hazard of fire, flood or similar dangers?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will there be substantially increased traffic congestion or hazards?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will there be nuisance conditions such as dust, fumes, odor, vibrations, smoke or lights to nearby occupants or premises?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Will the request impair public health, safety, comfort or general welfare of the residents of the Village?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

# Zoning Permit Application - Page 3

## **Affidavit**

I certify and affirm that I am the property or building owner or the owner's authorized agent and that I agree to conform to applicable zoning laws of the Village of Saranac. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

## **Administrative Use**

Date of Hearing \_\_\_\_\_ Date Published \_\_\_\_\_ Date 300' Notices Sent \_\_\_\_\_

Date Posted at Office \_\_\_\_\_

Application Approved \_\_\_\_\_

Application Denied \_\_\_\_\_

Decision and Conditions \_\_\_\_\_

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