CITY OF ORCHARD LAKE VILLAGE
ZONING BOARD OF APPEALS APPLICATION
FOR USE VARIANCES ONLY

I (We) the undersigned do hereby make application to the Zoning Board of Appeals of the City of Orchard Lake Village for a hearing on the following described matter:

(PLEASE PRINT)

1. Property Owner _____
   Last First Middle Int.

2. Address _____
   Street City Zip Phone

3. Ownership _____
   Deed Holder Land Contract

4. Parcel ID# _____

INSTRUCTION TO APPLICANT

If you are requesting a use variance, you must establish all of the following criteria:

USE VARIANCES
Unnecessary Hardship

- Property cannot be put to a reasonable use
- Plight is due to circumstances unique to the property
- Not alter the essential character of the area
- Problem is not self-created

Please initial after you have reviewed the criteria: _____
Initial of Applicant

NOTE: MUST BE COMPLETED OR APPLICATION IS NOT ACCEPTABLE

The following unnecessary hardship (use variance) will result if the adjustment is not made.

The undersigned applicant hereby grants permission to members of the Zoning Board of Appeals, City Staff and City consultants to enter the subject property for inspection in connection with this application.

Arguments to the Zoning Board of Appeals regarding any application should be presented only to the entire board, in writing or at a meeting. Contacts and conversations with individual ZBA members outside of a meeting are inappropriate and the applicant should not seek to contact ZBA members individually. If the applicant has a question or wishes to convey any comments in addition to those in this application, these should be directed to the Building Official of City Clerk.

I (We) hereby say that all the above statements and those attached hereto are true and correct and that the undersigned includes all owners with a free interest in the property.

Applicant Printed Name _____ Title _____ Phone _____

Email Address _____

Applicant Address _____

Applicant Signature _____ Date _____

OFFICE USE ONLY

Application Date:_____

Fee Amount Paid: _____ **Date Paid:** _____ **Receipt#** _____