



WATSON TOWNSHIP

VARIANCE APPLICATION

The *Watson Township Zoning Board of Appeals* meets as needed at 7:00 PM;
Meetings are held at the *Watson Township Hall* at 1895 118th Avenue, Allegan, MI 49010.

APPLICANT INFORMATION

1. Applicant: _____
(Name)
2. Phone Number: _____
3. Address: _____
(Address) (City)
4. Email: _____
5. Name and address of property owner(s) if different than above:

 (Name) (Address) (City)

 (Name) (Address) (City)
6. Signature(s) of Applicant(s): _____ Date: _____

PROPERTY INFORMATION

1. Address of subject property: _____
2. Permanent Parcel Number of subject property (full tax ID #): _____
3. Current zoning of subject property (e.g. A, B-1, I, etc.): _____
4. Current use of subject property (e.g. residential, agricultural, commercial, etc.): _____
5. Reason for request (e.g. cannot meet required setbacks, lot dimension requirements, etc.): _____

This variance request is not valid until the proper fee is paid to the Township of Watson and all other requirements are met by applicant. The result of this variance (if approved) is granted contingent on the accuracy of the information provided. This form is to aid the Township in considering your request; additional information may be required.

AFFIDAVIT

The undersigned hereby acknowledges that the request is granted or other conditions favorable to the undersigned are rendered upon approval of this appeal. Said approval does not relieve the applicant from compliance with all other provisions of this Ordinance; the undersigned further affirms that he/she/they are the (Please specify: Owner, Lessee, or other type of interested party) _____ involved in the appeal and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her, or their knowledge and belief.

Signature(s) of Applicant(s): _____ Date: _____

The signature of applicant herein allows Zoning Board of Appeals members to enter onto property to view the applicant(s) requests.

Signature(s) of Applicant(s): _____ Date: _____

*Please complete the prompts included on the following pages regarding **Watson Township Zoning Board of Appeals standards for approval.***

This application is administered for Watson Township through



For application assistance, please contact us at the following:

www.pci.com • 1575 142nd Avenue, Dorr, MI 49323 • (616) 877-2000

STANDARDS FOR APPROVAL

The following items are the standards for approval as listed in Section 25.12(a) – (e) of the Watson Township Zoning Ordinance. They are the standards used by the Zoning Board of Appeals to determine whether the variance requested is permissible within the confines of the Ordinance while upholding the spirit and intent of said Ordinance.

Please explain how the current conditions of your property and your requested variance meets each standard as listed below.

§ 25.12 – Variances

“No variance in the provisions or requirements of this Ordinance shall be authorized by the Zoning Board of Appeals unless the Board makes findings, based upon competent material and substantial evidence on the whole record, as to each of the following matters.

(a) That the enforcement of the literal requirements of this Ordinance would cause practical difficulties.”

Your Case: _____

(b) “That special conditions or circumstances exist which are peculiar to the land, structures or buildings involved and which are not applicable to other lands, structures or buildings in the same zoning district.”

Your Case: _____

(c) “That literal interpretation of the provisions of this Ordinance would deprive the applicant of property rights commonly enjoyed by other properties in the same zoning district.”

Your Case: _____

(d) “That the authorizing of such variance will not be of substantial detriment to adjacent or nearby lands, structures or buildings, and will not be contrary to the spirit and purpose of this Ordinance.”

Your Case: _____

(e) “That the special circumstances or conditions referred to in subsection (b) do not result from the actions of the applicant.”

Your Case: _____

PAYMENT INFORMATION — Please check the boxes next to the request, fees, and escrow applicable to your application and record the total below.

Fee Schedule Items

Zoning Board of Appeals

	Fee	+	Discretionary Escrow <i>(if required, as instructed by Township staff)</i>
<input type="checkbox"/> 1) Variance Request	<input type="checkbox"/> \$300		<input type="checkbox"/> \$ _____
2a) Appeal from the Zoning Administrator	\$300		\$ _____
2b) Appeal from the Planning Commission	\$300		\$ _____
3) Ordinance Interpretation Request	\$600		\$ _____

Total amount of payment: \$ _____ Cash or Check* Number: # _____

*Please note that all checks must be made payable to *Watson Township*.

THIS PAGE FOR OFFICE USE ONLY

Please do not write on this page.

Applicant's Variance Request is:

Affirmed in accordance with Ch. ____ Sec. ____ of the Watson Township Zoning Ordinance and the following reasons: _____

Denied in accordance with Ch. ____ Sec. ____ of the Watson Township Zoning Ordinance and the following reasons: _____

Zoning Board of Appeals Chair Signature: _____

Hearing Date: _____

Copy 1: Applicant • Copy 2: Township • Copy 3: PCI