



**Gratiot County Zoning Board of Appeals**  
 Department of Community Development  
 214 E Center St., Ithaca, MI 48847  
[permits@gratiotmi.com](mailto:permits@gratiotmi.com) / (989) 875-5201

Office Use Only:  
 Date Received

### Variance Application

*Elba, Hamilton, Lafayette, Newark, North Star and Sumner Townships*

Submit this completed application to the Gratiot County Community Development Office. A public hearing will be scheduled at which time the application and detailed site plan will be reviewed. All property owners within 300 feet of the property lines of the parcel in question will be notified. Application Fee (Non-refundable): \$350.00

1. Property Owner Information			
NAME:		MAILING ADDRESS:	
CITY/VILLAGE:		STATE:	ZIP CODE:
EMAIL ADDRESS:		PHONE #:	
2. Parcel Information			
ADDRESS:		CITY/VILLAGE:	
STATE:		ZIP CODE:	PARCEL #:
ZONING DISTRICT:		CURRENT USE:	
TOWNSHIP: <input type="checkbox"/> ELBA <input type="checkbox"/> HAMILTON    LAFAYETTE <input type="checkbox"/> NEWARK <input type="checkbox"/> NORTH STAR <input type="checkbox"/> SUMNER			
3. Variance Information			
<b>Type of Variance</b>	<input type="checkbox"/> Non-Use Variance <input type="checkbox"/> Use Variance		
<b>Legal Description</b>	***Include copy of most recent tax bill or copy of deed.		
<b>Zoning Ordinance Article and Section Number(s)</b>			
<b>Reason for Request</b>	_____ _____ _____		
<b>Site Plan</b>	***Include (12) physical copies or (1) digital copy of a site plan, drawn to scale, with existing structures, current setbacks, proposed structures, proposed setbacks, roads, nearest cross roads, and any water features (lakes, drains, wetlands, ponds, creeks, etc.).		
<b>Statement</b>	***Include written statement regarding compliance with the review standards set forth in Section 17.4, 3.		
4. Adjacent Property Owners			
Include all names and addresses of property owners with real property within 300' (adjacent) of the proposed parcel affected by the request: _____			
_____			
_____			
5. Applicant Information			
NAME:		MAILING ADDRESS:	
CITY/VILLAGE:		STATE:	ZIP CODE:
EMAIL ADDRESS:		PHONE #:	
<input type="checkbox"/> I hereby grant permission for members of the Gratiot County Zoning Board of Appeals to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application. <input type="checkbox"/> I DO NOT grant permission for members of the Gratiot County Zoning Board of Appeals to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application.			
***Note to Applicant: This is optional and will not affect the decision on your application.			

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES APPLICABLE TO THIS APPLICATION. APPLICANT HEREBY CERTIFIES THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND AGREES TO CONFORM TO THE GRATIOT COUNTY ZONING ORDINANCE. ALL INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF APPLICANTS KNOWLEDGE.

**X** \_\_\_\_\_  
Applicant Signature Date

**\*\*\*DEPARTMENT USE ONLY\*\*\***

APPLICATION –  APPROVED  DENIED DATE OF PUBLIC HEARING: \_\_\_\_\_.

\_\_\_\_\_  
Zoning Administrator Signature Date