

Township of Sullivan
8138 Heights Ravenna Road, Ravenna MI 49451 – Phone 231-853-6900
office@sullivantownship.com

Date Received _____
Cash/Check# _____ Amount Pd _____
Emailed: _____

Materials received: Site Plan Yes / No Legal Description Yes / No

Cover Sheet for the following Application forms:

1. Project Type – Filing Fees – (Additional escrows may be required depending on project scope.)

- | | |
|---|---|
| <input type="checkbox"/> Rezone (Public Hearing) - \$750 | <input type="checkbox"/> Special Land Use (Public Hearing) - \$750 |
| <input type="checkbox"/> Permitted Use Site Plan Review - \$250 | <input type="checkbox"/> Private Street - \$1,000 |
| <input type="checkbox"/> Variance (ZBA-Public Hearing) - \$750 | <input type="checkbox"/> Pond - \$250 (smaller than 3 acres, if over 3 acres than must file special land use and fee in addition) |
| <input type="checkbox"/> Other - \$ _____ | |

2. Project Location

Project Address _____ Property Size _____

Parcel # _____ Zoning District _____

3. Contact Information

Owner Name _____

Phone and Email _____

Mailing Address _____

4. Applicant/Contractor Information

Name _____

Phone _____ Email (required!) _____

5. Description of Proposed Use/Request

Any other expenses incurred by the township on behalf of this requested project will be invoiced to applicant, such as engineering, attorney services and any other professional expertise required to properly investigate the project. Approval will not be granted until all bills are paid.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate. I understand the application filing fee is non-refundable and is not a guarantee that this application will be approved.

Signature of Applicant _____ Date _____

I hereby grant permission for members of the Sullivan Township Planning Commission, Zoning Board of Appeals, Board of Trustees and Zoning Administrator to enter the above-described property for the purposes of gathering information only related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant _____ Date _____

Sullivan Township Zoning Board of Appeals Application

Application Date _____

Applicant _____

Property Address _____

Mailing Address _____

Phone _____ Email _____

Zoning District RA RR R-1 R-2 R-3 NC SC LI

Sullivan Township Zoning Ordinance Section being appealed: _____

Please describe the nature of your appeal: _____

*Please attach survey or sketch of proposed site plan and any supporting documents you wish to submit.

Sec. 17.08 of the Sullivan Township Zoning Ordinance establishes the powers and duties of the Zoning Board of Appeals. All variance requests must meet the all-specific standards listed in that section in order to be approved. On a separate paper state how your request meets each of the approval standards.

Standards for Non-Use Variances (variance on setback, height, area, etc. requirements):

1. Granting the variance will not be contrary to the public interest and will ensure that the spirit of this Ordinance is observed.
2. Granting the variance will not cause a substantial adverse effect to property or improvements in the vicinity or in the district in which the subject property is located.
3. The variance request is not one where the specific conditions pertaining to the property are so general or recurrent in nature as to make the formulation of a general regulation for such conditions reasonably practicable
4. That there are practical difficulties in the way of carrying out the strict letter of these regulations which are caused by exceptional or extraordinary circumstances or conditions applying to the property involved, or to the intended use of the property, that do not generally apply to other property or uses in the vicinity in the same zoning district. Exceptional or extraordinary circumstances or conditions include:
 - a. exceptional narrowness, shallowness or shape of a specific property on the effective date of this Chapter;
 - b. exceptional topographic conditions;
 - c. any other physical situation on the land, building or structure deemed by the Zoning Board of Appeals to be extraordinary; or
 - d. by reason of the use or development of the property immediately adjoining the property in question.

5. That granting such variance is necessary for the preservation of a substantial property right possessed by other properties in the vicinity in the same zoning district.
6. That granting such variance is not necessitated as a result of any action or inaction of the applicant.

I GRANT PERMISSION FOR ZONING BOARD MEMBERS TO MAKE AN ON-SITE INSPECTION OF THE PROPERTY

Applicant Signature _____

PROVIDE ONE (1) COPY OF THE APPLICATION AND ANY ADDITIONAL REEQUIRED INFORMATION MUST BE SUBMITTED TO THE TOWNSHIP ADMINISTRATOR BY 3:00 P.M. THIRTY (30) DAYS PRIOR TO THE NEXT SCHEDULED ZONING BOARD OF APPEALS HEARING, IN ORDER TO BE CONSIDERED. FAILURE TO DO SO WILL RESULT IN A ONE-MONTH DELAY IN THE PROJECT REVIEW. THE TOWNSHIP OR THE TOWNSHIP PLANNER WILL THEN NOTIFY THE APPLICANT OF THE DATE OF THE SCHEDULED MEETING AND WHEN TO BRING IN TEN (10) COPIES OF THE APPLICATION AND ANY ADDITIONALLY REQUIRED INFORMATION BEFORE THE MEETING.

FEES: ANY FEES INCURRED OTHER THAN THE NORMAL MEETING PROCESS WILL BE ADDED TO THE FEE STRUCTURE AND WILL BE COLLECTED PRIOR TO ANY FINAL DECISION AS STATED IN SECTION 17.11.

SULLIVAN TOWNSHIP ESCROW POLICY AFFIDAVIT

I have read and accept the Sullivan Township Zoning Application Fees and Escrow Policy and agree to abide by the same. I understand that the payment of the prescribed application and escrow fees is intended to cover the Township's costs associated with the processing and/or review of my zoning application and should not in any manner be construed as suggesting any particular outcome for the application. I agree that I shall be obligated to pay the fees prescribed under the policy regardless of whether my application is approved, denied, modified or withdrawn. In addition, I agree the Township shall be permitted to take any legal action to collect its fees and costs and shall be permitted to assess to me all costs and legal fees incurred in the collection process.

I understand that the Township may stop processing my application if the escrow fee drops below the parameters set forth in the Zoning Escrow Fee policy. It will be my responsibility to replenish the escrow fee to the amount required by the policy before processing my application resumes.

Name: _____

Signed: _____

Print Name: _____

Date: _____

Person/Company Responsible for Account (Billing Purposes)

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax or Email: _____