

Please note: You are being provided with an application from the Planning Department. Please be aware of Ordinance #390, which prohibits us from processing any applications if there are any outstanding overdue payments to the Township (see below).

202.09 APPROVAL DISALLOWED FOR NON PAYMENT.

(a) *The Township shall not approve any license, permit, variance, rezoning requests or take any other municipal action of approval unless the person or entity so requesting and any affiliated entities do not have any outstanding overdue payments to the Township.*

(b) *Overdue payments defined. Over due payments shall mean monies whether disputed or otherwise which are determined by the Township to be over due and owing including by way of illustration only real and personal property taxes, jeopardy assessments, permit fees, charges, contract balances, required deposits, required bonds, inspection fees or any other outstanding financial obligation. A payment will not be considered having been made, if made by check or other instrument until the payment is cleared after negotiation from the instrument of payment by the Township.*

(c) *Township defined. The term Township shall mean the Township, Zoning Board of Appeals, Planning Commission, Police, Fire, Civil Service Commission, General Civil Service Commission, all committees, commissions, boards, departments and employees.*

(d) *Appeal. A person aggrieved by a determination pursuant to this provision may appeal by furnishing within seven days an appeal in writing to the Treasurer's office. The non payment Appeal Board consisting of the Treasurer, Clerk and Supervisor, or each of their designees, shall make a determination on such appeal as to whether an issue of non payment exists within forty-five days after receipt of such materials or any hearing, if requested by the person aggrieved.*

(Ord. 390. Passed 12-14-09.)

APPLICATION FOR HEARING CLINTON TOWNSHIP BOARD OF APPEALS

APPLICATION

This application for Hearing by the Clinton Township Board of Appeals shall be filed with the Department of Planning and Community Development along with the following supporting documentation:

1. One (1) copy of the "Affidavit of Ownership of Land" (see attached)
2. One (1) copy of the Township Receipt for Fee Payment
3. One (1) copy of the legal description of the property
4. Ten (10) copies of a plan, drawn to scale, showing the dimensional elements for which a variance is requested.
5. One (1) copy of the **denial** received from the Building/Planning or Assessing Depts.
6. One (1) copy of any other supporting data.

FEE PAYMENT

A non-refundable filing fee shall be paid at the office of the Township Treasurer. A copy of the receipt for payment must be submitted with this application. A fee of \$75.00 is required for all single-family residential uses and a fee of \$300 is required for all other land uses.

PROCESS

The processing of this application will take a minimum of four (4) to six (6) weeks from the date on which the application is accepted.

A public hearing will be scheduled by the Clinton Township Board of Appeals. The applicant will be notified of the public hearing date by the Department of Planning and Community Development.

Not less than fifteen (15) days prior to the scheduled hearing date, the Township will notify all owners of land, as shown on the latest tax roll, within 300 feet of the subject property, of the time, date, place and purpose of the public hearing. Also, publication of the agenda in The Macomb Daily Newspaper will be made no less than fifteen (15) days prior to the meeting.

At the public hearing, the Clinton Township Board of Appeals shall take under consideration only the property described in the application.

The Board of Appeals may approve (with or without modifications or conditions) or deny the request for variance.

The Board of Appeals shall **not** approve a request for variance **unless** it has been found positively that,

1. The strict enforcement of the Zoning Ordinance would cause practical difficulty and deprive the owner of rights enjoyed by all other property owners owning property within the same zoning district.
2. The conditions and circumstances are unique to the subject property and are not similarly applicable to other properties in the same zoning district.
3. The conditions and circumstances unique to the property were not created by the owner, or his predecessor in title, within the time following the effective date of the provisions alleged to adversely affect such property.
4. The requested variance will not confer special privileges that are denied other properties similarly situated and in the same zoning district.
5. The requested variance will not be contrary to the spirit and intent of the Clinton Township Planning and Zoning Code.
6. The requested variance will not adversely affect the purpose or objectives of the Clinton Township Master Plan.

VALID PERIOD OF A GRANTED VARIANCE

A request for variance granted by the Clinton Township Board of Appeals shall remain valid:

- 1) Only for the useful life of any structures on the property for which the variance was granted (the useful life of a structure is deemed to be ended if said structure is destroyed, by any means, to an extent beyond fifty percent of its reasonable market value), or for as long as indicated by the Board of Appeals as a condition of approval.
- 2) As long as any conditions upon which the grant of variance was based are maintained.
- 3) As long as the project work requiring the variance is completed within two years of the date that the variance was granted; otherwise, the variance is null and void.

The decision of the Clinton Township Board of Appeals shall be final; however, any person having an interest affected by any decision of the Clinton Township Board of Appeals has the right of appeal to the Macomb County Circuit Court.

CHARTER TOWNSHIP OF CLINTON
MACOMB COUNTY, MICHIGAN

APPLICATION FOR HEARING
CLINTON TOWNSHIP BOARD OF APPEALS

GENERAL INFORMATION

APPLICANT

REPRESENTATIVE

NAME _____

FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE Area Code _____

Area Code _____

EMAIL ADDRESS _____

(Property Address)

(Section #)

(Clinton Twp. Property ID #)

(Subdivision Name) (Lot No.)

or

(Number of acres*)

GENERAL LOCATION: Fronting N E S W of and N E S W of

*Please attach legal description if other than lot and subdivision

(Nearest cross street)

Existing Use: _____

Current Zoning District _____

Proposed Use: _____

Name of Development: _____

PURPOSE OF APPEAL

(DESCRIBE IN DETAIL)

MF # _____

ACTION REQUESTED

The applicant shall justify the basis of this requested variance and shall show that strict application of the provisions of the Clinton Township Zoning Ordinance or the Clinton Township Sign Ordinance would result in practical difficulty or unnecessary hardship inconsistent with the general purpose and intent of the ordinance from which the request for variance is made.

1. This application is a request for the following action by the Board of Appeals:

Grant variance from the provisions of the Clinton Township Zoning Ordinance

Grant variance from the provisions of the Clinton Township Sign Ordinance

2. The following ordinance requirements are the subject of the request for variance:

Front Yard Setback

Rear Yard Setback

Side Yard Setback

Area Requirements

Other: Explain:

Height of Structure

Placement of Structure

Size of Structure

Offstreet Parking

3. The following circumstances, including dimensional information, are part of the basis for this request for variance:

4. The following characteristics of the property, including dimensions, are part of the basis for this request for variance:

Too Narrow

Too Shallow

Too Small

Shape

Other: Explain

Slope

Elevation

Soil

Subsurface

5. The applicant must answer the following questions in order to assist the Board of Appeals in determining if a practical difficulty or unnecessary hardship exists.

a. Can the property be used in conformance with the Zoning Ordinance without the variance?

YES NO
If NO, explain:

b. Does the basis for this requested variance result from an action self-created by the applicant?

YES NO
If YES, explain:

c. Does the basis for this requested variance result from other human-created action?

YES NO
If YES, explain:

d. Will enforcement of the provision of the ordinance deny a use which otherwise is permitted?

YES NO
If YES, explain:

e. Is the basis for this requested variance a result of circumstances or conditions unique to the property and not common to other properties in the immediate area?

YES NO

If YES, explain:

f. If the requested variance were granted, would the essential character of the immediate area be altered?

YES NO

If YES, explain:

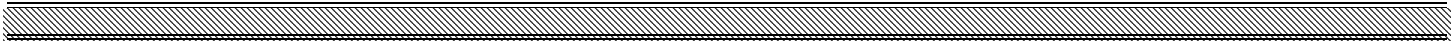
g. If the requested variance were granted, would it contradict the intent and purpose of the ordinance?

YES NO

If YES, explain:

The person/firm identified on this application who/which is designated as my representative is authorized to act on my behalf and is empowered to make commitments relevant to any matters concerning this Application.

APPLICANT SIGNATURE _____ DATE _____



FOR TOWNSHIP USE ONLY

RECEIVED BY _____

MICROFILE # _____

S.P. MF# _____

DATE _____

PUBLIC HEARING: DAY _____

ACCEPTED BY _____

DATE _____

DATE _____

TIME _____

ASSIGNED TO _____

PLACE _____

AFFIDAVIT OF OWNERSHIP OF LAND IN THE CHARTER TOWNSHIP OF CLINTON

I/WE, BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER(S) OF LAND IN THE CHARTER TOWNSHIP OF CLINTON BY REASON OF BEING:

 /RECORDED LAND CONTRACT PURCHASER OR /RECORDED DEEDHOLDER

NAME _____

TITLE _____

FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

AND ACKNOWLEDGE THAT THIS LAND IS DESCRIBED IN A SUBMITTAL WHICH HAS BEEN OR WILL BE MADE TO THE CHARTER TOWNSHIP OF CLINTON, MACOMB COUNTY, MICHIGAN, IN AN **APPLICATION FOR HEARING BY THE CLINTON TOWNSHIP BOARD OF APPEALS:**

FURTHER, THAT BY MAKING THIS APPLICATION FOR APPEAL, ANY AGENT OR REPRESENTATIVE OF ANY STATE, COUNTY OR LOCAL PUBLIC AGENCY, FOR PURPOSES RELEVANT TO THIS APPLICATION, **HAS MY PERMISSION** TO ENTER UPON THE LAND DESCRIBED IN THIS APPLICATION.

FURTHER, THAT THE FOLLOWING PERSON IS DESIGNATED AS MY REPRESENTATIVE AND IS AUTHORIZED TO ACT ON MY BEHALF AND IS EMPOWERED TO MAKE COMMITMENTS RELEVANT TO ANY MATTERS CONCERNING THIS APPLICATION:

REPRESENTATIVE'S NAME _____

REPRESENTATIVE'S FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____

FURTHER, DEPONENT SAYS NOT.
OWNER SIGNATURE _____

OWNER SIGNATURE _____
*LEAVE BLANK IF NOT APPLICABLE

STATE OF MICHIGAN) _____
) S.S.
COUNTY OF _____)

ON THIS _____ DAY OF _____, 20____, BEFORE ME PERSONALLY CAME

_____,
TO BE PERSONALLY KNOWN TO BE THE INDIVIDUAL(S) NAMES IN AND WHO EXECUTED THE FOREGOING AFFIDAVIT FOR THE PURPOSE AS STATED AND ACKNOWLEDGED THAT _____ DID SO OF _____ OWN FREE WILL AND DEED.

MICROFILE # _____

_____ COUNTY, MICHIGAN
MY COMMISSION EXPIRES: _____

SUPPLEMENTAL PAGE - COMMUNICATION TOWERS

If your request for variance relates to a **cellular communication tower**, the following supplementary information must also be included:

1. Describe the technology of the communication system (including the impact of the technology on height and placement of towers).

2. List existing (E) and planned (P) towers in Clinton Township and those in other communities that serve Clinton Township.

3. Indicate the area to be served by this tower:

4. Indicate the area where the tower can be feasibly located:

5. List co-locations on other communication towers that have been considered and indicate the reasons why those co-locations were not chosen.

6. List all other sites that were considered for this tower and indicate why those sites were not selected.

7. Describe the possibilities of future co-locations on this proposed communication tower.
