

WELLS TOWNSHIP
Tuscola County
2190 Frankford Rd, Caro, MI 48723

Zoning Administrator or Planning Commission Appeal Application

If a question does not pertain to your application, please answer with a N/A for non applicable and give explanation why.

Name(s) of Applicant _____

Address _____

Phone Number _____ Email Address _____

Site Location _____

Tax ID Number _____ Zoning District _____

Topography of Property _____

Acreage of Subject Property _____ Is the property odd shaped _____

List all buildings with a label, WxLxH, age and/or year built _____

What is the current use of the buildings (ag, commercial, industrial, gravel/sandpit, church/nonprofit, developmental, club functions, etc) _____

Is there a garage attached to the house _____ Size of Garage _____

Are there any Porches/Decks _____ List & Sizes _____

Any ponds on property _____ Dimensions of Pond(s) _____

Answer if you are a Home Occupation Business:

Name of Home Occupation Business _____

What kind of Home Occupation Business: _____

How long has the business been in operation? _____

Applicant must submit the following:

1. Application and supporting documents listed below.
2. Deed; land contract, documents or instrument conveying title. (copy must include recorded stamp)
3. Supporting documents such as lease, mortgage commitment, or option papers.
4. Application fee as set by Township Board Resolution.
5. On an attached sheet of paper, a drawing of the property with a North point, surrounding roads, driveway, building(s) locations with front and side setbacks measurements and dimensions of all sides of property.
6. On a second sheet of paper in detail, reason for appeal and intended/proposed usage of the property.

By signing this application I attest that I am the legal owner(s) of the above described property and that I provide consent for township officials to access the property to accurately evaluate the request. If requested to do so I will place stakes to indicated boundaries, building locations, etc. I further attest that I will provide additional information as required by the Zoning Board of Appeals and the information provided in this application is true, complete, accurate and correct.

Signature of Applicant	Date
Signature of Applicant	Date

For Office Use Only		
Application # _____	Date Received _____	Parcel # _____
Date(s) Advertised _____		Date letters mailed _____
Fee Paid \$ _____	Date of Meeting _____	Accepted by _____

Zoning Board of Appeals Check List and Action taken

Section 17.02: Interpret zoning map and rule on non-conforming uses and structures	
Section 17.03:	
A. Practical difficulties or unnecessary hardships (not economic related but terms of use of parcel)	
B. Unique circumstances or physical conditions such as: narrowness, shallowness, shape, topography Intended use of the property does not generally apply to other property or uses in the same zoning district	
C. Hardship, conditions or circumstances not result from applicant actions	
D. Variance in harmony with the general purpose/intent of Zoning Ordinance and will not cause substantial adverse effect upon surrounding property, property values, and use and enjoyment of property in the neighborhood or district.	
E. Strict compliance with area, setbacks, frontage, height, bulk or density would unreasonable prevent the owner from using the property for a permitted purpose or would render conformity unnecessarily burdensome.	
F. That the variance requested is the minimum amount necessary to mitigate the hardship.	
Section 17.04: May require additional information, state findings and grounds for each decision, impose conditions with following requirements (conditions, findings and grounds will be listed in minutes of meeting).	
A. Protect natural resources, health, safety, and welfare and social and economic well-being	
B. Be related to the valid exercise of the police power, and purposes which are affected by the proposed use or activity	
C. Be necessary for intent and purpose, related to standards in the Ordinance or activity under consideration, and necessary to ensure compliance.	
Action: Denied _____ Approved _____ Approved with conditions _____	

Township Waiver of Escrow Fee: The Township hereby waives the escrow fee for this application.

Board of Appeals Chairperson: _____

Planning Commission Chairperson: _____

Township Supervisor: _____