

Village of Mayville 6104 Fulton St. Suite A, PO Box 219 Mayville, MI 48744 989.843.6423 Phone 989.843.0123 Fax www.villageofmayville.org Zoning@villageofmayville.org

## **Mayville Planning Commission Variance Application Form**

PLEASE CHECK ONE OF THE FOLLOWING FOR TH	
	Use variance Dimensional Variance
	Conceptual Review
village of iviayville	conceptual neview
APPLICANT / AGENT*	PHONE NUMBER
MAILING ADDRESS	
E-MAIL	FAX
OWNER	PHONE NUMBER
MAILING ADDRESS	
E-MAIL	FAX
*All Village correspondence will be with the a	pplicant/agent only
LOT INFORMATION	
PARCEL ID # TAX ID # PROPERTY ADDRESS LEGAL DESCRIPTIO	
I OT BLOCK SU	RDIVISION
SECTION TOWNSHIP	BDIVISION ACRES ACRES
CURRENT ZONING	
VARIANCE INFORMATION	
	e following page, before you complete the description and
	for a variance shall be consistent with the adopted variance review
criteria.	CE
JUSTIFICATION OF REQUESTED VARIA	NCE
CONCEPTUAL REVIEW Have we answered all your questions?	
Is there anything else we can help you with?	
Mayville Planning Commission approved 10-20-2	2021 Mayville Village Council approved 11-16-2021

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Variance review criteria. The Zoning Administrator, Planning Commission, ZBA or Village Council shall be permitted to approve, approve with conditions or deny a request for a variance. Each request for a variance shall be consistent with the following criteria:

- 1. Limitations on the use of the property due to physical, topographical and geologic features.
- 2. The grant of the variance will not grant any special privilege to the property owner.
- 3. The applicant can demonstrate that without a variance there can be no reasonable use of the property.
- 4. The grant of the variance is not based solely on economic reasons.
- 5. The necessity for the variance was not created by the property owner.
- 6. The variance requested is the minimum variance necessary to allow reasonable use of the property.
- 7. The grant of the variance will not be injurious to the public health, safety or welfare.
- 8. The property subject to the variance request possesses one or more unique characteristics generally not applicable to similarly situated properties.

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE OR LOCAL LAW.

Signature of Applicant / Agent Date
Signature of Owner / Date
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**************************************
ZONING ADMINISTRATOR Meeting Date Action Notes:
PLANNING & ZONING COMMISSION Meeting Date Action Notes:
<b>ZBA</b> Meeting Date Action Notes:
VILLAGE COUNCIL Meeting Date Action Notes:

Application Fee \$	Date Paid	Cash/MO#/Check#	Receipt #	_