

CHARTER TOWNSHIP OF YORK  
ZONING BOARD OF APPEALS APPLICATION

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

1. Having received a decision order, requirement of determination from the Charter Township of York, and having read the attached Standards of Determination, I request to appeal such decision to the Charter Township of York Zoning Board of Appeals for:

A. An interpretation of the Zoning text and/or map \_\_\_\_\_ ( )

B. A variance of adjustment in provisions applying to a particular parcel of land  
\_\_\_\_\_ ( )

C. Action on any other matter authorized under the terms of the Zoning Ordinance \_\_\_\_\_ ( )

2. Pertinent Section(s) of York Township Zoning Ordinance \_\_\_\_\_

3. Describe briefly the exact appeal being made: \_\_\_\_\_

4. State the reason(s) for making this appeal: \_\_\_\_\_

5. Give the general location of any property involved: \_\_\_\_\_

A. Property owner(s) name and address: \_\_\_\_\_

B. Present use of the property: \_\_\_\_\_

C. Parcel I.D. number: \_\_\_\_\_

6. Submit the legal description of the property involved.

7. Nine (9) copies of a *site plan drawing, to scale, indicating lot lines, existing buildings and structures, easements and other relevant features* **must** accompany this application. This drawing shall indicate all relevant lot, structure and spacing dimensions.

8. This Application **MUST** be submitted by the **15<sup>th</sup>** day of the Month.\*

\_\_\_\_\_  
Signature of Applicant

FEES: \$450.00 (Individuals) Date Filed: \_\_\_\_\_

\$500.00 (Businesses) Amount: \_\_\_\_\_ Check# \_\_\_\_\_

**APPLICATION FEES ARE NON-REFUNDABLE**

ACTION OF THE ZONING BOARD OF APPEALS:

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Chair, Zoning Board of Appeals

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STANDARDS OF DETERMINATION  
CHARTER TOWNSHIP OF YORK  
ZONING BOARD OF APPEALS APPLICATION

I have read and received a copy of the York Charter Township Zoning Ordinance - **Article: 56.0 Zoning Board of Appeals**, which includes **“Standards of Determination, as listed in Section 56.11 D”**. I understand that ALL standards must be met for my variance to be granted. Having read these, I wish to appeal the decision of the Charter Township of York to the Charter Township of York Zoning Board of Appeals.

\*To comply with publication deadlines,  
Per Michigan Zoning Enabling Act No. 110 of 2006; ZBA Applications must be **Submitted to the Township Clerk by the 15<sup>th</sup> day of the Month.**

You must call and schedule an Appointment with the Township Clerk in order to file this Application. (734) 439-8842.

Filing this Application gives implied consent for Township officials and/or Consultants to visit the subject site.

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Date

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Signature of Applicant