

ECKFORD TOWNSHIP
21000 F DRIVE S. MARSHALL, MI. 49068
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for your family.

Mailing Address
21000 F Drive South
Marshall, Mi. 49068
269-781-9222
www.eckfordtownshipmi.gov

ZONING APPEAL ECKFORD TOWNSHIP ZONING BOARD OF APPEALS

I (We) _____ Address _____

Mailing Address _____ Home Phone _____ Cell _____

Request that a determination be made by the Eckford Township Zoning Board of Appeals on the following:

___ An appeal from the decision of the Eckford Township Zoning Administrator as per Eckford Township Zoning Ordinance Article 3 Section 3.09 A 1

___ For an interpretation of the current Eckford Township Ordinance or Ordinance Map/Letter Attached

___ A variance is requested per Article ___ Section ___ Paragraph ___ of the Eckford Township Zoning Ordinance.

For a variance request, the following must be included with the appeal:

Proof of ownership (tax statement)

- A written application for a variance shall be submitted as per Eckford Township Zoning Ordinance Article Section 3.07 A.
- An accurate drawing of the property that includes the property dimensions, all existing buildings, planned construction, and exact measurements from all structures to all property lines.
- A list of names and mailing addresses of all persons who reside in or own property within 300 feet of the applicant's property.
- A check or money order in the amount of \$185.00 made payable to Eckford Township

There is no refund of the \$185.00 fee for a variance hearing even if the variance is denied.

It is the applicant's responsibility to have the property lines and all planned construction clearly and accurately staked out before the public hearing.

Per Article 3 Section 3.08 A. of the Eckford Township Zoning Ordinance: Each variance granted under the provisions of this ordinance shall become null and void unless the construction authorized by such variance or permit has been commenced within six months after the granting of such variance and pursued diligently to completion.

I (We) the undersigned, hereby grant the Eckford Township Zoning Administrator and Zoning Board of Appeals the right to come onto my (our) property to view the planned area of construction and to conduct the public hearing.

Signature of Applicant (s) _____ Date _____

ONLY FOR USE OF THE ECKFORD TOWNSHIP ZONING BOARD OF APPEALS

Date of Public Hearing _____ Date Advertised _____ Date Notices Sent _____

Fee Paid _____ CK# _____

Board of Appeals Decision and Reason: See Attached Notes

Secretary, Eckford Township Board of Appeals _____