



**City of Port Huron**  
**Building Division**  
 100 McMorran Blvd.  
 Port Huron, Michigan  
 48060  
 Phone: 810-984-9733

## **ZONING BOARD OF APPEALS/ VARIANCE REQUEST APPLICATION**

Variance (\$500.00)

Address/Location of Subject Property: \_\_\_\_\_

Parcel # of Subject Property: 74-06-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Current Zoning Designation: \_\_\_\_\_

**Applicant Information** (Must have a legal interest in the property):

Property Owner	Purchaser - Option or Purchase Agreement	Purchaser - Land Contract
Tenant/Lessee	Developer/Contractor	Engineer/Architect

Name: \_\_\_\_\_ Business/Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone (W): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone (C): \_\_\_\_\_ Phone (H): \_\_\_\_\_

***I hereby attest that all information on this application is, to the best of my knowledge, true and accurate:***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY, complete the following:**

Name of Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone (W): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone (C): \_\_\_\_\_ Phone (H): \_\_\_\_\_

*The undersigned hereby affirms and acknowledges that he/she/they are the owner(s) of the property described in this application, are aware of the contents of the application, and hereby authorize the applicant to submit the application and represent the undersigned in the matter being reviewed by the City of Port Huron. Further, the undersigned hereby grants permission for members of the City of Port Huron Planning Commission/Zoning Board of Appeals/Staff to enter the property described in this application for the purpose of gathering information related to this application.*

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Stamp Received: \_\_\_\_\_

Received by (initials): \_\_\_\_\_

Receipt #: \_\_\_\_\_

Meeting Date (if applicable): \_\_\_\_\_

Notice of appeal is hereby given by *(name of applicant)*: \_\_\_\_\_

to the Administrator of Chapter 52, Zoning, of the Code of Ordinances for the City of Port Huron, regarding a decision pertaining to the following property (address): \_\_\_\_\_

Legal description of property (attach separate sheet if necessary): \_\_\_\_\_

Lot Size: Frontage: \_\_\_\_\_ ft. Depth: \_\_\_\_\_ ft. Area: \_\_\_\_\_ sq. ft. or acres

Date of Decision: \_\_\_\_\_ Description of project : \_\_\_\_\_

An appeal/variance is requested for exemption from the following sections of Chapter 52, Zoning:

SECTION	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

Reason for appeal (what are the "practical difficulties and unnecessary hardships" if the appeal/variance is denied):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Survey of Existing Conditions:** Please attach a boundary survey (certified by a licensed surveyor) of the property. Survey must be dimensioned and show existing structures, streets, drives, and parking areas. Indicate on the survey which structures, if any, are to be demolished.

**Site Plan of Proposed Use or New Construction:** Please attach a site plan of the proposed development, drawn to scale by an engineer or architect, which includes dimensions and the location of all property lines, streets, and parking areas. (Depending on the zone, a more detailed site plan and site plan approval may be required later).

**NOTE: VARIANCES APPROVED BY THE ZBA ARE ONLY VALID FOR SIX (6) MONTHS FROM DATE OF FINAL APPROVAL. VALIDATION REQUIRES ACTION TAKEN, PERMIT OBTAINED AND/OR OTHER PROCESS UNDERWAY.**