

SILVER CREEK TOWNSHIP
P. O. Box 464
Dowagiac, MI 49047
Ph: 269-424-3025
www.silvercreektwpmi.org

APPLICATION FOR CONSTRUCTION BOARD OF APPEALS

Section 1: Application Information

Date Submitted: _____

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ Email: _____

Applicant's Relationship to Property: _____

Section 2: Property Information

Address of Property: _____

Zoning Classification: _____

Tax ID#: _____

*Name of Property Owner: _____

*If different than applicant, a letter of authorization from the property owner must be provided

MRC RII2.2/MBC 113.2 LIMITATIONS ON AUTHORITY. AN APPLICATION FOR APPEAL SHALL BE BASED ON A CLAIM THAT THE TRUE INTENT OF THIS CODE OR THE RULES LEGALLY ADOPTED THEREUNDER HAVE BEEN INCORRECTLY INTERPRETED, THE PROVISIONS OF THIS CODE DO NOT FULLY APPLY, OR AN EQUALLY GOOD OR BETTER FORM OF CONSTRUCTION IS PROPOSED. THE BOARD SHALL HAVE NO AUTHORITY TO WAIVE REQUIREMENTS OF THIS CODE.

PURSUANT TO P.A. 230 OF 1972, SECTIONS 125.1515 AND 125.1516, A CONSTRUCTION BOARD OF APPEALS MAY CONSIDER A VARIANCE TO THE CODE TO A PARTICULAR APPLICANT ON A PARTICULAR PROJECT. THE VARIANCE SHALL BE NEITHER SO GENERAL NOR RECURRENT IN NATURE AS TO MAKE AN AMENDMENT OF THE CODE WITH RESPECT TO THE CONDITION REASONABLY PRACTICAL OR DESIRABLE.

IF A VARIANCE IS GRANTED TO THIS APPLICANT IT SHALL APPLY ONLY TO THIS SPECIFIC APPLICANT AND PROJECT AS IDENTIFIED ON THIS APPLICATION.

A NON REFUNDABLE FEE OF \$600.00 MUST BE ATTACHED TO THIS APPLICATION BEFORE ANY ACTION WILL BE TAKEN TO SET UP THE BOARD OF APPEALS. IN COMPLIANCE WITH SECTION 125.1515, A MEETING OF THE BOARD AND ITS WRITTEN DECISION SHALL BE COMPLETED WITHIN 30 DAYS SUBMISSION OF THIS APPLICATION.

TYPE OF CODE BEING APPEALED: _____ CODE SECTION: _____

PLEASE GIVE AN EXPLANATION OF REASON YOU ARE REQUESTING THIS VARIANCE AND SUPPLY THE ALTERNATE METHOD OF MEETING THE INTENT OF THE CODE THAT YOU ARE PROPOSING TO DO. USE EXTRA PAPER IF NEEDED AND ATTACH ANY SUPPORTING DOCUMENTS.

Section 3: Request Information

Chapter(s) and Section(s) from which a variance is requested: _____

Required dimension: _____

Proposed dimension: _____

Give a detailed description of the work you would need this variance for (attach additional sheets if necessary):

Section 4: Variance Request

Please provide a complete response to each item below. These responses, together with the required materials in Section 5 of this application, will form the basis for evaluation of the request by staff and the Building Board of Appeals.

- 1. Are there hardships or practical difficulties to complying with the Code? Are these hardships or practical difficulties an exception or unique to the structure compared to other structures in the area?

- 2. Are the hardships or practical difficulties more than mere inconvenience or inability to obtain a higher financial return, or both? (explain)

- 3. What effect will granting the variance have on the neighboring properties?

Section 5: Appeal

Decision of Building Official being appealed: _____

Date of Decision _____

Attach a copy of the building official’s decision, if available.

Reason for Appeal (state the reason(s) that you feel the building official’s decision should be overturned or modified):

Section 5: Access to Site

By providing this application I authorize the members of the Construction Board of Appeals, the Township Building Official and/or a township official or employee to access the property in question for inspection purposes. I further understand that the members of the Construction Board of Appeals cannot meet at the site at the same time prior to the meeting. As such, individual inspection may be required and/or requested. If entry into a building is required, the applicant shall be notified in writing at least 48 hours in advance and arrangements for interior access may be made via telephone to: (provide phone number): _____ . Upon receipt of the complete application, the Township shall provide the members of the Construction Board of Appeals with a copy of it and shall provide the names of the members to the applicant for verification purposes.

Date: _____

Applicant

Silver Creek Township Hall Address:
32764 Dixon Street
Dowagiac, MI 49047