



MARENGO TOWNSHIP

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VARIANCE REQUEST

14021 23 Mile Rd, Albion, MI 49224
(269) 781-8422

Board Action: Approved ___ OR Denied ___

ZBA Board Signatures: _____

Hearing Date _____

To

Applicant: Please provide the additional information below and review the Zoning Ordinance at MarengoMI.gov, especially Article 22, 22-.8-22.11. Attach this form to your Zoning Application

Applicant Name _____ **Date** _____

Adjacent Zoning: North _____ South _____
East _____ West _____

ACTION REQUESTED

Indicate below which Ordinance requirements are the subject of your request:

___ front yard set-back	___ lot coverage	___ other
___ rear yard set-back	___ area requirements	___ appeal of zoning
___ side yard set-back	___ height	___ administrator's determination
___ off-street parking	___ sign	___ determination of lot of record

State exactly what is intended to be done on/or with the property which necessitates a variance from the Zoning Ordinance. (Include dimensional information, e.g. reduce side yard setback from 20' to 15')

Describe the characteristics of your property which require the granting of a variance: (include dimensional information)

___ too narrow	___ elevation	___ soil
___ too small	___ slope	___ subsurface
___ too shallow	___ shape	___ other (specify)
___ location of septic, well, trees, other structures, etc.		

Justification for granting the requested variance. Show that strict application of the provisions of the zoning ordinance to your property will result in practical difficulties inconsistent with the general purpose and intent of the ordinance. In order for the board of appeals to determine whether unnecessary hardship exists, provide answers to each of the following questions:

1. Can the property in question be used in conformance with the zoning ordinance without the requested variance?
___ Yes ___ No
2. Is the variance request due to an action you have taken? ___ Yes ___ No
3. Are the conditions on your property the result of other manmade changes (such as relocation of a road or highway)?
___ Yes ___ No

4. Will strict application of the terms of the ordinance deny use of the property for any purpose to which it is reasonably adapted? ____ Yes ____ No
5. Is the variance requested a result of circumstances unique to this particular parcel and not in common with other parcels in the immediate area? ____ Yes ____ No
6. Would granting the variance alter the essential character of the area? ____ Yes ____ No
7. Would granting the variance be contrary to any county development plans? ____ Yes ____ No
8. Would granting the variance be contrary to the intent and purpose of the zoning ordinance?
____ Yes ____ No
9. Other comments in support of application: _____

PROPERTY INFORMATION

1. Legal description of property affected (recorded copy must be provided)

2. List of all deed restrictions (attach additional sheets if necessary)

3. Names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the land:

4. This area is ____ unplatted, ____ platted, ____ will be platted. If platted name of plat: ____
5. If a previous appeal has been made for the parcel please list all pertinent information. (Date of appeal, nature of appeal, approved or denied)

IMPACT ON SURROUNDING LANDS

If your request is granted:

1. What are the likely positive and negative impacts of this decision on surrounding land and neighbors?

2. How do you propose to minimize any potential negative impacts to which your proposed activity may cause?

AFFIDAVIT

The applicant acknowledges that if a variance is granted or other decisions favorable to the applicant is rendered upon the request, the said decision does not relieve the applicant from compliance with all other provisions of the Marengo Township Zoning Ordinance, the applicant(s) further affirm that they are the _____ (owner, lessee, authorized agent, etc.) involved in the appeal and that the answers, statements and information are true and correct to the best their knowledge and belief.

Applicant Signature(s)

Date