



DEXTER TOWNSHIP

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DEXTER, MI 48130

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APPEAL OF DECISION APPLICATION FORM

File #:	-ZBA-
Received on:	
Fee: \$	
Receipt #:	

(1) Applicant Information: <i>(the person(s) applying for the appeal)</i>		(2) Owner Information: <i>(the person(s) owning the property, if appeal is related to a property)</i>	
a. Owner - Agent for the Owner <i>(circle one)</i>		a. Same as Applicant <i>(circle if appropriate)</i>	
b. Name(s)		b. Name(s) <i>(if different from applicant)</i>	
c. Mailing Address		c. Mailing Address <i>(if different from applicant's mailing address)</i>	
d. Phone Number		d. Phone Number <i>(if different from applicant's phone number)</i>	
e. Email		e. Email <i>(if different from applicant's email)</i>	
(3) Property Information: <i>(property related to decision being appealed)</i>			
a. Physical Address		d. Size and nature of existing structures on and uses of the property:	
b. Parcel/Tax ID Number(s)			
c. Zoning District <i>(circle one)</i> PL AG RC RR LR CU MHPR C-1			
(4) Application Checklist: <i>Check all of the information that is included as part of this application. Items a-d are required for all appeal of decision applications.</i>			
Item and Description	YES	NO	Attachment Number
a. Application. A completed appeal of decision application signed by the applicant and the property owner(s). <i>Required for all appeal of decision applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
b. Application Fee. Cash or check to Dexter Township, as outlined in the current fee schedule. <i>Required for all appeal of decision applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
c. Copy of Decision. A copy of the decision being appealed.	<input type="checkbox"/>	<input type="checkbox"/>	
d. Legal Description. A legal description of the property on which the appeal is being appealed. <i>Required for all variance applications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Site Plan or Plot Plan. A complete plot or site plan, as outlined in §6.03(A) or §6.03(B) of the Zoning Ordinance. One (1) copy is required if the Township is able to make reproductions <i>(legible letter, legal or 11x17 sheets)</i> . Eight (8) copies are required if the Township is not able to make reproductions <i>(larger sheets, color prints, etc)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	
e. Survey. A mortgage or boundary survey of the property for which the variance is being requested.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Building Plans. Plans illustrating the floor plans, elevations, and sections of buildings or details of the structure.	<input type="checkbox"/>	<input type="checkbox"/>	
h. Decision Criteria Answers. Answers to the decision criteria, if not fully completed in Section 6 of this application.	<input type="checkbox"/>	<input type="checkbox"/>	
j. Pictures. Pictures of the property and the area affected by the variance request.	<input type="checkbox"/>	<input type="checkbox"/>	
k. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Description of Decision Being Appealed: <i>Describe the decision being appealed.</i>			

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(6) Decision Criteria Answers: *Please describe how you think your appeal of decision meets one or more of the following standards. Attach additional sheets if necessary. You will have an opportunity to provide additional information and address these decision criteria at the public hearing.*

^{a.} The original decision or action was arbitrary or capricious. §4.35(E)(1)

^{b.} The original decision or action was based on an erroneous finding of material fact. §4.35(E)(2)

^{c.} The original decision or action constituted an abuse of discretion. §4.35(E)(3)

^{d.} The original decision or action was based on an erroneous interpretation of this Ordinance or Zoning Law. §4.35(E)(4)

(7) Applicant(s) Affidavit: *(to be signed and dated by the applicant)*

- *I hereby certify that I am the owner of the subject property or have been authorized to act on behalf of the owner(s) and that all of the statements and attachments are true and correct to the best of my knowledge and belief.*
- *I acknowledge that filing of this application grants access to the Township to conduct onsite investigation of the property in order to review this application.*
- *I understand that I must post the public notice sign and mark the location of proposed construction at least 15 days before the public hearing date.*
- *I understand that the house or property must be marked with the street address clearly visible from the roadway.*

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(8) Property Owner(s) Affidavit: *(to be signed and dated by the property owner(s) if the applicant is not the property owner- it should be signed by all property owners.)*

I, _____, hereby state that I am the owner of the property described in this application and that I have authorized _____ to act as my agent for the purpose of filing the appeal of decision described in this application.

Property Owner's Signature

Date

Property Owner's Signature

Date

(9) Administrative Section:

Decision Reversed

Wholly Partially
(List reasons.)

Decision Affirmed

Wholly Partially
(List reasons.)

Decision Modified

Wholly Partially
(List reasons.)
