

# Village of Albion

## Zoning Board of Appeals

### Application

Phone: (585) 589-7229 Fax: (585) 589-1919

Web site:

**Zoning Board of Appeals Application** This application must be completed in full and approved by the Village of Albion Zoning Board of Appeals before beginning any construction, excavation or use regulated by the Village of Albion Zoning Ordinance. A \$175.00 nonrefundable fee for mailing notifications, publications, hearing cost, etc. must accompany this application.

#### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#### Property Owner Information (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#### Present Use of the Property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Site Plan

Include on a separate sheet of paper a site plan drawing showing the location of existing structures, any proposed location of any new construction or additions to any existing structures. Indicate the distances of any proposed construction to your lot lines, road right of way, easements, and shorelines. For new accessory structures also include the distance to the dwelling. Indicate any unusual physical features of the site or buildings.

#### Proposed Request

Reason for Zoning Board of Appeals hearing:

Variance

Ordinance or map interpretation

Appeal from administrative decision

Other authorized review

Description of Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Property \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ or attach legal description if number not yet assigned

Zoning District \_\_\_\_\_

**If you are requesting a variance, please complete the following:**

The alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the zone district or neighborhood because:

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The requested variance, if granted, will not alter the essential character of the neighborhood because:

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The building, structure, or land cannot yield a reasonable return if required to be used for a use allowed in the zoned district in which it is located because (attach competent financial evidence):

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The alleged hardship has not been self-created:

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**Affidavit**

I certify and affirm that I am the property or building owner or the owner's authorized agent and that I agree to conform to applicable zoning laws of Village of Albion. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location. I understand that if my request is granted, other ordinance requirements may be applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Use**

Application Received - Date \_\_\_\_\_

Fee paid \_\_\_\_\_ Date \_\_\_\_\_

Date of Hearing \_\_\_\_\_ Date Published \_\_\_\_\_ Sign Posted \_\_\_\_\_

Date Posted at Hall \_\_\_\_\_

Application Approved \_\_\_\_\_

Application Denied \_\_\_\_\_

Decision and Conditions \_\_\_\_\_

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