

**City of Jonesville  
Zoning Board of Appeals  
VARIANCE PETITION FORM**

265 E. Chicago Street  
Jonesville Michigan 49250  
Phone: 517-849-2104 Fax: 517-849-9037

**Date of Petition Form:** \_\_\_\_\_

**Property Owner**

Name		Business Name	
Street Address		Email Address	
Cell Phone Number	Fax Phone Number	Phone Number	

**Applicant (If Not Owner)**

Name		Email Address	
Address (Street No. and Name)		City	State Zip Code
Cell Phone Number	Fax Phone Number	Phone Number	
Applicant's Interest in the Property (Land Contract, Lease, Etc.)			

**Zoning District:** \_\_\_\_\_

**VARIANCE FEE:** \$250.00

Property Address: \_\_\_\_\_

Property ID #: \_\_\_\_\_

Date of Denial of Zoning Permit: \_\_\_\_\_

Reason of Denial: \_\_\_\_\_

Purpose of Request (Specify exactly what is being requested): \_\_\_\_\_

Explain Nature of Practical Difficulty or Hardship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of City Clerk

\_\_\_\_\_  
Date:

Official Use Only	
Fee Paid	_____
Date Paid	_____
Receipt #	_____
Date of Hearing:	_____

## VARIANCE APPLICATION REVIEW

What circumstances are unique to the property, which give rise to the request?

What would be the impact to adjacent property owners by granting the variance?

What undue hardship would be created if strict enforcement of the zoning regulations is required?

What effect would granting the variance have on public health, safety, morals, convenience, order, prosperity and general welfare?

Would granting the variance oppose the general spirit and intent of the zoning regulations?

Recommended conditions or restrictions: