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: