

**Colfax Township & Village of Thompsonville  
Joint Planning Commission / Joint Zoning Ordinance**

P.O. Box 115, Thompsonville, MI 49683  
Contact: Angel Kraft, Zoning Administrator (231) 970-1560  
colfaxvillezoning@gmail.com

**APPLICATION to the  
JOINT ZONING BOARD of APPEALS (JZBA)**

(All references to "Section" and "Article" refer to the Greater Thompsonville Area Zoning Ordinance)

**Important Notice to Applicants:** This application must be completed in full and five (5) copies submitted to the Zoning Administrator. All questions must be answered completely. If additional space is needed, number and attach additional sheets. **Call for applicable fee; make check payable to JPC.**

**1) APPLICANT:**

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**2) Application For:** ☐ Administrative Review (Sec. 15.5) ☐ Interpretation (Sec. 15.6) ☐ Variance (Sec. 15.7)

**ADMINISTRATIVE REVIEW**

*This part is to be completed only for appeals for an administrative review. See Sec. 15.5.*

**3) The applicant requests the reversal or modification of the decision of the:**

☐ Zoning Administrator OR ☐ Joint Planning Commission (check one)

made on (date) \_\_\_\_\_ regarding Application No. \_\_\_\_\_.

**4) Reversal or modification being requested:** \_\_\_\_\_

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

**5) Reasoning why reversal or modification is appropriate:** \_\_\_\_\_

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

**INTERPRETATION of ZONING ORDINANCE TEXT or MAP**

*This part is to be completed for ordinance interpretation requests only. See Sec. 15.6.*

**6) The applicant requests the JZBA make an interpretation of:**

\_\_\_\_\_ a. The location of district boundaries on the Zoning Map as applied to the property described as Tax Parcel # \_\_\_\_\_, or by the ☐ attached legal description.

\_\_\_\_\_ b. The provisions of Section \_\_\_\_\_ of the Ordinance.

\_\_\_\_\_ c. Other, specify: \_\_\_\_\_

**7) Please describe in detail the conditions necessitating an interpretation and the reason for the request.**

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

**FOR OFFICE USE ONLY**

**Application Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Fee Paid**

**Date**

**Receipt #**

1)

2)

**Property Tax #:** \_\_\_\_\_

**Date of Final Action:** \_\_\_\_\_

**Action:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## REQUEST for VARIANCE

*This part is to be completed for variance requests only. See Sec. 15.7.*

- 8) **State specifically the variance(s) being requested** (such as a 5' reduction on side yard setback, 20% reduction in parking spaces, etc.) and the pertinent ordinance section numbers pertaining to such request:

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- 9) **Describe the peculiar or unusual characteristics of the property that requires the granting of a variance.**

<input type="checkbox"/> too narrow	<input type="checkbox"/> soil	<input type="checkbox"/> other (specify):
<input type="checkbox"/> too small	<input type="checkbox"/> slope	<input type="checkbox"/>
<input type="checkbox"/> too shallow	<input type="checkbox"/> shape	<input type="checkbox"/>
		<input type="checkbox"/>

- 10) **Describe what is to be done with the property that necessitates a variance.**

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- 11) **Legal description of subject property:**

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- 12) **Address of Property:** \_\_\_\_\_

- 13) **This property is:** unplatted or platted or part of a condominium subdivision (circle appropriate answer)

Name of platted or condominium subdivision: \_\_\_\_\_

- 14) **Existing use of the property is:** \_\_\_\_\_

- 15) **Existing zoning classification of the property is:** \_\_\_\_\_

- 16) **Are there deed restrictions on the property:** ☐ No ☐ Yes

- 17) **SUPPORTING DOCUMENTS:** Five (5) copies of the following materials and one (1) proof of ownership shall be submitted as part of an application for a variance in addition to any others noted in this application.

**A. Drawings:** A plan drawn at a readable scale, clearly showing, but not limited to, property lines, lot shape and dimensions, proposed and existing building locations and dimensions, parking and yard areas, and features for which a variance is being requested.

**B. Proof of Property Ownership:** Proof of ownership of the property subject to the application, such as a property deed recorded by the Benzie County Register of Deeds, or other evidence of interest in the property.

**C. Deed Restrictions:** Copy of all existing deed restrictions impacting the property.

- 18) **JUSTIFICATION:** Section 15.7 identifies the standards for the review of variance requests. The applicant is strongly encouraged (not required) to submit written documentation addressing the extent to which the variance request complies with the review standards of Section 15.7.

- 19) **AFFIDAVIT:** I (we), the undersigned, acknowledge that if a variance is granted, or other decisions favorable to the undersigned are rendered, the said decision does not relieve me (us) from compliance with all other provisions of the Greater Thompsonville Area Zoning Ordinance. I (we), the undersigned, affirm that the answers, statements, and information contained herein are in all respects true and correct to the best of my (our) knowledge and belief.

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Applicant Signature(s)

Date

Property Owner(s) Signature(s)  
(if different than applicant)

Date