



Zoning Board of Appeals
300 Dunlap Road, Oxford, MI 48371
248-628-9787 Extension 101

2024 ZBA Dates			
Meeting Date	Deadline to Apply*	Meeting Date	Deadline to Apply *
January 8		July 8	June 6
February 12	January 8	August 12	July 8
March 11	February 8	September 9	August 8
April 8	March 7	October 14	September 9
May 13	April 8	No Meeting - Veterans Day	
June 10	May 9	December 9	November 7

* By Noon

Requirements:

- Vacant property must be marked with a post or flag.
- Complete application.
- Five (5) sets of site plans are required and one (1) digital copy in PDF format.
- Site Plan must be drawn to scale, based on a mortgage or land survey of the parcel.
- Dimensions of property/lot lines must be identified.
- Setbacks from property lines and all other structures must be identified.
- Location of septic/well if applicable.
- The area(s) subject to any appeal or variance should be clearly highlighted.
- Any other supporting documents, as requested.

Fees:

- Administrative - Non Refundable \$100
- Business or Non-Residential Case \$700
- Residential Case \$650
- Special Meeting \$1,500

INSTRUCTION TO APPELLANT: Fill in #1-10 and the appropriate Section A, B, C or D, on the application. Do not fill in more than ONE of these sections unless you are seeking more than one type of relief from the Zoning Board of Appeals. This application is not acceptable unless all required statements have been made in each Section that you choose to fill-out. Additional information may be supplied on separate sheets if the space provided on this form is inadequate. You must provide the specific code sections or ordinance provisions that support the relief being requested.

NOTE: If review is necessary from the Township Planner or Township Engineer, Petitioner must cover consultant fee. The fee is based on the project complexity.

****VARIANCES EXPIRE Three Hundred Sixty-Five (365) DAYS FROM THE DATE OF APPROVAL.****



Case # _____

Zoning Board of Appeals Application

I (We) the undersigned, do hereby make application to the Zoning Board of Appeals of Oxford Township for a hearing on the following described matter:

1. **NAME OF APPLICANT:** _____
Last First

ADDRESS: _____
Street City Zip Phone

EMAIL ADDRESS: _____

2. **NAME OF PROPERTY OWNER:** _____
Last First

ADDRESS: _____
Street City Zip Phone

EMAIL ADDRESS: _____

3. **LEGAL DESCRIPTION OF PROPERTY:** _____

4. **ZONING OF PROPERTY:** _____ **PARCEL #:** _____

INSTRUCTION TO APPELLANT: Fill in #1-10 and the appropriate Section A, B, C or D, on the application. Do not fill in more than ONE of these sections unless you are seeking more than one type of relief from the Zoning Board of Appeals. This application is not acceptable unless all required statements have been made in each Section that you choose to fill-out. Additional information may be supplied on separate sheets if the space provided on this form is inadequate. You must provide the specific code sections or ordinance provisions that support the relief being requested.

SECTION A: INTERPRETATION: Check the appropriate box below:

- The Appellant requests that an interpretation be made by the Zoning Board of Appeals of Article _____, Section _____ of the Township Zoning Ordinance
- An appeal is made for an interpretation of the Zoning Map

The above interpretation is requested for the following reason(s): _____

SECTION B: DIMENSIONAL VARIANCE: The Appellant requests a variance to be granted from the terms of Article _____, Section _____ of the Zoning Ordinance in the case of his/her property because the following peculiar or unusual conditions are present which justify a variance:

The following describes the unnecessary hardship or practical difficulty that will result if the variance is not granted:

Has a Building Permit been refused for this request: Yes No

Is this appeal the result of an Ordinance Violation Notice: Yes No

Is this an existing condition? Yes No

SECTION C: APPEAL: The Appellant requests reversal of the following decision(s) of the _____
made on _____, 20_____, regarding the following matters: _____

Article _____, Section _____ of the Zoning Ordinance authorizes the Zoning Board of Appeals to address the appeal.

SECTION D: OTHER RELIEF REQUESTED OR SPECIAL EXCEPTION: The Appellant requests that the following request be approved: _____

Authorization for the above is found in Chapter _____, Article _____, Section _____ of the Township Code of Ordinances.

5. Do you have control over any of the properties adjoining the site you have described in #3 of this application?
 Yes No If yes, describe the properties involved: _____

6. How long have you owned the property described in #3 and #6 of this application? _____

7. What hardships or practical difficulties are connected with your property that owners of similar lots or parcels do not possess? _____

8. Did you cause these special conditions and circumstances? Yes No

Explain your answer: _____

9. How would the literal interpretation of the provisions of the Township's Zoning Ordinance deprive you of rights commonly enjoyed by other properties having the same zoning?

10. Would granting of the relief you have requested in this application confer a special privilege denied to others?

Yes No If yes, explain: _____

AFFIDAVIT: I agree that the statements made above are true, and if found not to be true, any Zoning Board of Appeals ruling that may be issued may be void. Further I agree, any Zoning Board of Appeals ruling is with the understanding that applicable sections of the Oxford Township Zoning Ordinance will be complied with as well as, if applicable, any conditions imposed by the Zoning Board of Appeals. Further, I agree to give permission for officials of the Charter Township of Oxford, including Zoning Board of Appeals members, to enter the property subject to this application for the purposes of inspection. Also, I understand any action by the Zoning Board of Appeals only gives land use rights and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signature of Applicant Date

Signature of Owner Date