

**Village of Lexington  
Zoning Board of Appeals (ZBA)  
APPLICATION FOR A NONUSE VARIANCE**

Mail to:  
Village of Lexington  
7227 Huron Ave., Suite #1  
Lexington, MI 48450

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Filing Fee: \$\_\_\_\_\_ (non-refundable)       Cash       Check # \_\_\_\_\_  
 Date application and deposit received: \_\_\_\_\_      Received by: \_\_\_\_\_  
 Hearing date set for: \_\_\_\_\_      Date published: \_\_\_\_\_

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A NonUse Variance is often referred to as a **Dimensional** Variance.

**Incomplete applications will not be accepted.** A hearing will not be scheduled until it has been verified that all the information is present at the time of the application.

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Contact: James Pierce      Phone: (810)359-8631 ext. 102      Email: villageza21@gmail.com

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Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

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

Agent's name (if not applicant): \_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Name of owner (if different from applicant): \_\_\_\_\_

Owner's Phone: \_\_\_\_\_      Email: \_\_\_\_\_

If the applicant is not the owner of the property for which the variance is proposed, has the owner granted permission for this application?

Yes       No       Not Applicable

The NONUSE Variance is being requested for the following described parcel number: \_\_\_\_\_

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

VARIANCES REQUESTED
<input type="checkbox"/> Fence
<input type="checkbox"/> Signage
<input type="checkbox"/> Parking (location, # of spaces, screening)
<input type="checkbox"/> Zoning (building size, placement, etc.)
• Size/lot coverage _____
• Placement/Setbacks _____
• Height _____
<input type="checkbox"/> Other _____

PROPERTY INFORMATION
Zoning District _____
Total Area of Site _____
Sq. ft. of Existing Building(s) _____
Sq. ft of Proposed Building(s) _____
Number of Floors _____
Proposed Height _____

	Please circle the appropriate direction	REQUIRED <i>Please fill in the distance</i>	PROVIDED/ PROPOSED <i>Please fill in the distance</i>
FRONT	N S E W		
SIDE 1	N S E W		
SIDE 2	N S E W		
REAR	N S E W		

**SURVEYOR**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**A current survey (location sketch), prepared by a licensed surveyor and showing all existing and proposed construction must be submitted and attached to this form.**

**DESCRIPTION OF PROJECT**

Specify proposed building style and materials, ultimate ownership, proposed timeline for work, etc. (Use another sheet of paper if necessary). Sketches showing facades, rooflines, window and door placement, etc. are encouraged but need not be professionally drawn - photos of similar construction may also be submitted.

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**No work - including earthwork can commence until a variance is obtained (application submittal does not guarantee approval) and a zoning compliance permit is issued.**

**Please attach additional pages, as needed.**

**Provide evidence to show that if the zoning ordinance is applied strictly, practical difficulties will result to the applicant:**

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**Provide evidence to show that the restrictions in the zoning ordinance unreasonably prevent the owner from using the property for a purpose permitted in the zone where the property is located.**

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**Provide evidence to show that unique conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not generally applicable to other lands, structure, or buildings in the same district.**

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**Provide evidence to show that a literal interpretation of the provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this ordinance; and that the variance is the minimum necessary.**

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**Provide evidence to show that the alleged hardship has not been created by the owner or any person presently having an interest in the property:**

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**Signature**

**I hereby certify the following:**

1. I desire to apply for the variance indicated in this application with the attachments
2. The information contained herein is true and accurate to the best of my knowledge.
3. The requested variance would not violate any deed restrictions attached to the property involved in the request.
4. I have read Article 11 of the Village of Lexington Zoning Ordinance and understand the necessary conditions that must be completed and the consideration that will be given in making a decision on this petition.
5. I understand that the payment of the application fee is non-refundable and is to cover the costs associated with processing this application and that it does not assure approval of the plan.
6. I acknowledge that this application is not considered filed and complete until all the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Zoning Board of Appeals.
7. I acknowledge that this form is not in itself an approval of the variance but only an application for a variance and is valid only with the procurement of applicable approvals.
8. I authorize Village Staff and Zoning Board of Appeals members to inspect the site.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_