

## Board of Appeals Application

App # \_\_\_\_\_

Date Received \_\_\_\_\_

Application is hereby made to the:

 Housing Board of Appeals Zoning Board of Appeals Construction Board of Appeals Accommodations for Persons with Disabilities Variance Special Exception Conditional Use

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone # of Applicant \_\_\_\_\_ Email Address \_\_\_\_\_

Address of property in question \_\_\_\_\_

Applicant's interest in property \_\_\_\_\_

Name and address of property owner (if different than applicant) \_\_\_\_\_

Present use of property/structure \_\_\_\_\_

Describe the nature of your request/appeal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_

The Board of Appeals (BOA) meets on the fourth Thursday of each month at 6:00 p.m. in the Council Chambers at City Hall, 270 S. River Avenue. You should verify the date, time, and place of the meeting by contacting Community & Neighborhood Services at (616) 355-1330 or [cns@cityofholland.com](mailto:cns@cityofholland.com).

The deadline for filing applications for the Board of Appeals is 28 days prior to the meeting and 30 days for a Conditional Use. Strict compliance with these deadlines is necessary for CNS Staff to give the required notices and obtain any necessary input from other departments.

Fully complete the application, attachments, and include the filing fee of \$100.00 for residential properties (1-4 units), \$250.00 for non-residential & commercial properties, or \$1,100.00 for personal wireless service towers.

**Incomplete or illegible applications may be rejected by staff, tabled by the Board, or denied.**

**Accommodations for Individuals with Disabilities**

Special Exception to a:

\_\_\_ Zoning Requirement      \_\_\_ Procedure Process      \_\_\_ Policy or Practice

Zone District of Property \_\_\_\_\_

I am applying based on **Section 39-9.10 Fair Housing Accommodation Policy** and Section(s) \_\_\_\_\_  
\_\_\_\_\_ of the Zoning Ordinance. (List all sections that apply to your request.)

- I reviewed this application with a zoning administrator on \_\_\_\_\_.
- I declined to review this application with a zoning administrator.
- I give permission for the Board members and City Staff to enter onto my property for this request.

**Requirements:**1. You are **required** to include a site/plot plan with your application. The plans must be drawn to scale.

The plans must show:

- a. Lot boundaries, dimensions and any adjoining streets;
- b. The location of all existing and proposed structures;
- c. Parking areas;
- d. The distance between structures, lot lines and other structures;
- e. The directional marker for North.
- f. You may use a mortgage survey for your site/plot plan if all existing and proposed structures are drawn on it, and it contains any additional information that the applicant feels may be important.

2. Provide:

- a) One (1) legible copy of the fully completed application and attachments.
- b) One (1) copy of a site/plot plan.

**Accommodation – ALL TYPES**

**If you are applying for an accommodation special exception, you must complete this form.** The BOA may only grant approval for a reasonable accommodation request if they determine that a rule, regulation, or policy is a barrier to a person with a disability from the reasonable use and enjoyment of the property.

1. Identify and explain the regulation that is a barrier to fair housing opportunities for the identified individual.

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2. Describe in detail proposed changes to the property, structure, or use required to remove barriers or allow the individual(s) with a disability to live in and have reasonable ability to enjoy the dwelling and premises.

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3. Since this accommodation specifically applies to a disabled individual, or group of individuals, and not a property, describe how the property will be returned to compliance when the occupancy changes.

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4. List or describe any alternatives that have been or could be explored.

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5. Explain why the request would not require a fundamental alteration in the nature of the City's zoning program.

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6. Explain any financial or administrative burden to the City, or if none, why you believe so.

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**Accommodation – RECOVERY HOUSE**

**If you are applying for a variance for accommodation involving a RECOVERY HOUSE, you must complete this form.** The BOA may only grant approval if you demonstrate that you have evidence that you meet the criteria establishing a disability, and other sections of the ordinance.

1. Provide evidence that the recovery residence is state licensed as a Substance Use Disorder facility.  
***Attach copies of a license.***

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2. Is the recovery house a certified member of an established entity that conducts its own inspections and has its own standards for the benefit of the occupants, e.g. CARF International, National Alliance for Recovery Residents (NARR) or any equivalent entity having similar requirement for membership? If not, why not? Or, attach evidence of membership.

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3. Provide a map evidencing that the property is not within 500 feet of another property granted accommodation for use for five (5) or more unrelated persons under this section. List addresses.

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**Accommodation – CONFIDENTIAL INFORMATION**

Applicant Name \_\_\_\_\_

Name of person with disability \_\_\_\_\_

Relationship \_\_\_\_\_

Describe disability (attach documentation) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail how the request is necessary for the individual(s) with the disability to use and enjoy the dwelling \_\_\_\_\_

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