

CITY OF MANISTEE
ZONING BOARD OF APPEALS
City Hall
70 Maple Street, Manistee, MI 49660

There will be a meeting of the City of Manistee Zoning Board of Appeals to be held on Thursday, August 23, 2001 at 5:30 p.m. in the Council Chambers, 70 Maple Street, Manistee, Michigan.

AGENDA

- I. Roll Call

- II Public Hearing:
 - 1. Homer & Kris Ramsdell, 539 Eighth Street
 - 2. Manistee Heights Care Center, 300 Care Center Drive
 - 3. Ervin Cabot, 122 Hancock Street

- III Business Session:
 - A. Approval of Minutes (7/9/01)
 - B. Unfinished Business:
 - 1. Homer & Kris Ramsdell, 539 Eighth Street
 - 2. Manistee Heights Care Center, 300 Care Center Drive
 - 3. Ervin Cabot, 122 Hancock Street

 - C. Other Business:

- IV Questions, Concerns of Citizens in Attendance

- V. Adjournment

cc: Zoning Board of Appeals Members
Bruce Gockerman, City Attorney
Jon R. Rose, Community Development
Mark W. Niesen, Building/Zoning
Ken Oleniczak, Interim City Manager
Julie Beardslee, City Assessor

MEMORANDUM

TO: Zoning Board of Appeals Members

FROM: Mark W. Niesen *M.W.N.*
Building/Zoning

DATE: August 14, 2001

RE: Zoning Board of Appeals Meeting, August 2, 2001

A Zoning Board of Appeals Meeting has been scheduled for Thursday, August 23, 2001 at 5:30 p.m. This meeting is in response to the following requests:

1. Homer & Kris Ramsdell, 539 Eighth Street. Mr. & Mrs. Ramsdell are requesting two variances. The variances are as follows:

Variance to reduce the front-yard set-back on Tamarack Street from 30 feet to 13 feet to enclose the existing carport/covered patio and convert to living space.

AND

Variance to reduce the front-yard set-back on Eighth Street from 30 feet to 23 feet to construct a covered porch.

Included in the request is a copy of a letter dated April 8, 1991 from the Zoning Board of Appeals regarding the same request. The board approved the request but request expire after one year if not implemented.

2. Manistee Heights Care Center, DBA Tender Care of Manistee, 300 Care Center Drive. This request is for a variance to allow a 3 foot by 8 foot sign to be placed at the southwest corner of the building. This property is zoned residential and the Sign Ordinance only allows a 4 square foot sign.
3. Ervin Cabot owns an apartment building at 122 Hancock Street. The Zoning Ordinance requires that there be 2 off street parking spaces per unit. Mr. Cabot recently converted this building from a 3 unit apartment building to a 5 unit apartment building. Mr. Cabot is requesting a reduction in off street parking spaces from 10 spaces to 7 spaces.

Copies the requests are enclosed for your review. If you are unable to make the meeting please call Denise at 723-2558. See you there!!

REQUEST FOR APPEAL

CITY OF MANISTEE
ZONING BOARD OF APPEALS

Homer & Kris Ramsdell
Name

539 8th st
Address

Manistee Mi 49660
City, State and Zip Code

Phone Numbers (Work) 231-723-4051
(Home) 231-723-3056

FOR OFFICE USE ONLY

Appeal Number 21005
Date Received 8.9.01
Tax Parcel Number 51-51-358-717-09
Fee Received (Amt & Date) 250.00 8.9.01
Receipt Number _____
Hearing Date _____
Board of Appeals Action _____

FEE FOR APPEAL \$250.00

PLEASE NOTE: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

I. **ACTION REQUESTED:**

I, (We) the undersign request a hearing before the Manistee City Zoning Board of Appeals for the purpose indicated below:

- Ordinance or Map Interpretation
- Appeal from Administrative Decision
- Variance
- Other Authorized Review

II. **PROPERTY INFORMATION:**

A. Legal description of property affected by this appeal: _____

JEFFERSON ADDITIONAL Lot 91

Tax Roll Parcel Code #: 51-51-358-717-09

B. List of all deed restrictions (attach additional sheets if necessary): _____

C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land: _____

D. This area is: Not platted, Platted, Will be Platted.
If Platted, Name of Plat: Jefferson Addition

E. Present use of property is: Residential

F. Present zoning district classification of the property is: R-3

G. A previous appeal (has/has not) been made with respect to these premises in the last 10 years. If a previous appeal, re-zoning or special use permit application was made, state the date, nature of action requested and the decision:

Date: 4/8/1991 Action Requested: PUT A PITCHED ROOF OVER ENTIRE DWELLING. ENLARGE KITCHEN ADD FAMILY ROOM ADD NEW FRONT PORCH
Decision (approved/ denied) other: _____

III. DETAILED REQUEST AND JUSTIFICATION

A. Interpretation of Zoning Ordinance or Map

- The appellant respectfully requests the Board of Appeals make an interpretation of:
 - (A) The location of district boundaries on the _____ Zoning District map as applied to the property described in the application.
 - (B) The provisions of article _____ Section _____ of the Manistee City Zoning Ordinance.
 - (C) Other, (specify) _____

2. Please describe in detail the nature of the problem to be interpreted and the reason for the request: PREVIOUS VARIANCE EXPIRED. WE NOW WISH TO CONTINUE THE KITCHEN FAMILY ENCLOSURE AND ADD THE FRONT PORCH.

B. Variance from the requirements of the Zoning Ordinance.

The appellant respectfully requests the Board of Appeals grant a variance on the above described property.

- Indicated below are the Ordinance requirement(s) which are the subject of the variance request.

<input checked="" type="checkbox"/> Setback	<input type="checkbox"/> Side Yard	<input type="checkbox"/> Off-street Parking
<input type="checkbox"/> Lot Coverage	<input type="checkbox"/> Placement	<input type="checkbox"/> Height
<input type="checkbox"/> Signs	<input type="checkbox"/> Area Requirements	<input type="checkbox"/> Other _____

2. State exactly what is intended to be done on, or with the property which necessitates a variance from the Zoning Ordinance. ENLARGE KITCHEN AND ADD FAMILY ROOM AND FRONT PORCH.

3. Describe the characteristics of your property which require the granting of a variance (include dimensional information).

- | | | |
|--|------------------------------------|--|
| <input checked="" type="checkbox"/> Too Narrow | <input type="checkbox"/> Elevation | <input type="checkbox"/> Soil |
| <input type="checkbox"/> Too Small | <input type="checkbox"/> Slope | <input type="checkbox"/> Subsurface |
| <input type="checkbox"/> Too Shallow | <input type="checkbox"/> Shape | <input type="checkbox"/> Other (Specify) |
- EXISTING STRUCTURE BUILT 35 YEARS AGO. THIS IS A CORNER LOT WITH 2 SETBACKS.

4. Justification for granting the requested variance. The appellant must show that strict application of the provisions of the Zoning Ordinance to his property would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the ordinance. In order for the Board of Appeals to determine whether unnecessary hardship exists, the appellant should provide answers to each of the following questions:

a. Can the property in question be used in a manner permitted by the Zoning Ordinance if a variance is not granted? yes no
If no, what unnecessary hardship or practical difficulty will result if the variance is not made? _____

b. To the best of your knowledge, can you affirm that the hardship or practical difficulty described above was not created by an action of anyone having property interests in the land after the Zoning Ordinance or applicable part thereof became law? yes no
If no, explain why the hardship or practical difficulty should not be regarded as self-imposed (Self-imposed hardships are not entitled to variances). _____

c. Are the conditions on your property the result of other man-made changes (such as relocation of a road or highway?) yes no
If yes, describe _____

d. Will strict application of the terms of the ordinance deny use of the property for any purpose to which its reasonably adapted? yes no
If yes, how? _____

e. Is the variance applied for due to unique circumstances presented on your property or to the general conditions in the area? yes no
If yes, explain any peculiar or unique conditions, and how many other properties in your area are similarly affected CORNER LOTS HAVE TWO FRONT SETBACKS. STRUCTURE WAS BUILT PRIOR TO ZONING ORDINANCE.

f. Would granting the variance change the essential character of the area? yes no. If yes, how? IT WOULD BRING THIS HOME UP TO THE STANDARDS OF OTHERS IN THE AREA

g. Would granting the variance be contrary to any county development plans? yes no. or to any local government development plans? yes no. Explain _____

h. Would granting the variance be contrary to the intent and purpose of the Zoning Ordinance? yes no. If yes, explain _____

i. Other Comments in support of the application. _____

C. Appeal from Administrative decision.
The appellant respectfully requests the Board of Appeals to (reverse/modify) the Zoning Administrator's decision (copy attached) on application number _____ dated _____. It is alleged the Zoning Administrator erred in (the interpretation of article _____ section _____ / his order/his requirement/ his decision/ his determination) regarding the issuance of a _____ permit and that (reversal/modification) of said decision should be granted because _____

Specify decision sought: _____

D. Other authorized reviews
The appellant respectfully petitions the Board of Appeals to grant the following: _____

According to the conditions and provisions of article _____ section _____ granting this authority to the Board of Appeals. Specifically state the problem, decision sought and the justification for the request. _____

IV. IMPACT ON SURROUNDING LANDS

If your request is granted:

A. What are likely to be the positive and negative impacts of this decision on the surrounding land and neighbors? VARIANCE WAS GRANTED IN 1991 WITH NO NEGATIVE COMMENTS FROM THE NEIGHBORS

B. How do you propose to minimize any potential negative impacts which your proposed activity may cause? _____

V. AFFIDAVIT

The undersigned acknowledges that if a variance is granted or other decisions favorable to the undersigned is rendered upon this appeal, the said decision does not relieve the applicant from compliance with all other provisions of the City of Manistee Zoning Ordinance; the undersigned further affirms that he/she or they is (are) the (owner/lessee/authorized agent for the owner) involved in the appeal and the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her or their knowledge and belief.

Signature *Kevin Randall*

Date 8/9/01

Signature *Kris Randall*

Date 8/9/2001

City of Manistee



70 Maple Street • P.O. Box 358 • Manistee, Michigan 49660

616-723-2558

April 8, 1991

Homer and Kris Ramsdell
539 Eighth Street
Manistee, MI 49660

RE: 51-51-358-717-09

Dear Mr. and Mrs. Ramsdell:

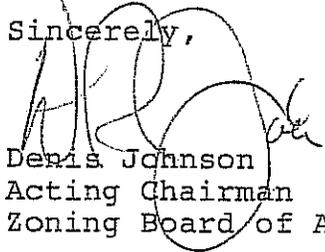
On April 8, 1991 the City of Manistee Zoning Board of Appeals met and granted the following variance.

A variance was granted to Lot 91, Jefferson Addition for a front-yard setback on the east side of 13 feet.

Thank you for your cooperation in this matter. When you are ready to begin construction, please stop in and see Jon Rose, Code Administrator for a building permit.

We wish you well on your endeavor.

Sincerely,


Denis Johnson
Acting Chairman
Zoning Board of Appeals

cc: City Manager
City Attorney
City Assessor
City Code Administrator

© TAMARACK STREET

167'

SIDE WALK

SIDE WALK

PROPERTY LINE

29'

46'

EXISTING 7' HIGH FENCE

EXISTING 4' HIGH

DRIVE WAY 14'

EXISTING GARAGE (TO BE REMOVED)

EXISTING COVERED PATIO (TO BE REMOVED)

NEW KITCHEN & FAMILY ROOM ADDITION

NEW PORCH

60'

SIDE WALK

PROPERTY LINE

26'

EXISTING RESIDENCE

16'

24'

STORAGE SHED

PROPERTY

DRIVE WAY

GARAGE

© EIGHTH STREET

TONY ZIENTEK RESIDENCE



REQUEST FOR APPEAL
CITY OF MANISTEE
ZONING BOARD OF APPEALS

Manistee Heights Care Center, Inc.
dba/Tendercare of Manistee

Name

300 Care Center Drive

Address

Manistee MI 49660

City, State and Zip Code

Phone Numbers (Work) 231-723-6262

(Home) n/a

FOR OFFICE USE ONLY

Appeal Number 21006
Date Received 8-13-01
Tax Parcel Number 51-51-713-125-01
Fee Received (Amt & Date) 250.00 8-13-01
Receipt Number _____
Hearing Date _____
Board of Appeals Action _____

FEE FOR APPEAL \$250.00

PLEASE NOTE: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

I. ACTION REQUESTED:

I, (We), the undersign request a hearing before the Manistee City Zoning Board of Appeals for the purpose indicated below:

- | | |
|--|--|
| <input type="checkbox"/> Ordinance or Map Interpretation | <input checked="" type="checkbox"/> Variance |
| <input type="checkbox"/> Appeal from Administrative Decision | <input type="checkbox"/> Other Authorized Review |

II. PROPERTY INFORMATION:

- A. Legal description of property affected by this appeal: _____
Tax Roll Parcel Code #: 51-51-713-125-01
- B. List of all deed restrictions (attach additional sheets if necessary): _____
- C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land: Tendercare (Michigan) Inc., 209 E. Portage Ave
Sault Ste. Marie, MI 49783
- D. This area is: Not platted, Platted, Will be Platted
If Platted, Name of Plat: _____
- E. Present use of property is: Long Term Care Center
- F. Present zoning district classification of the property is: Residential

- G. A previous appeal (has~~has not~~) been made with respect to these premises in the last _____ years. If a previous appeal, re-zoning or special use permit application was made, state the date, nature of action requested and the decision:
Date: _____ Action Requested: _____
Decision (approved/ denied) other: _____

III. DETAILED REQUEST AND JUSTIFICATION

A. Interpretation of Zoning Ordinance or Map

- The appellant respectfully requests the Board of Appeals make an interpretation of:
 (A) The location of district boundaries on the _____ Zoning District map as applied to the property described in the application.
 (B) The provisions of article _____ Section _____ of the Manistee City Zoning Ordinance.
 (C) Other, (specify) _____
- Please describe in detail the nature of the problem to be interpreted and the reason for the request: _____

B. Variance from the requirements of the Zoning Ordinance.

The appellant respectfully requests the Board of Appeals grant a variance on the above described property.

- Indicated below are the Ordinance requirement(s) which are the subject of the variance request.
 Setback Side Yard Off-street Parking
 Lot Coverage Placement Height
 Signs Area Requirements Other _____
- State exactly what is intended to be done on, or with the property which necessitates a variance from the Zoning Ordinance. 3 foot by 8 foot sign
placed at the south west corner of the building
- Describe the characteristics of your property which require the granting of a variance (include dimensional information).
 Too Narrow Elevation Soil
 Too Small Slope Subsurface
 Too Shallow Shape Other (Specify) _____

4. Justification for granting the requested variance. The appellant must show that strict application of the provisions of the Zoning Ordinance to his property would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the ordinance. In order for the Board of Appeals to determine whether unnecessary hardship exists, the appellant should provide answers to each of the following questions:
- a. Can the property in question be used in a manner permitted by the Zoning Ordinance if a variance is not granted? yes no
If no, what unnecessary hardship or practical difficulty will result if the variance is not made? _____
- b. To the best of your knowledge, can you affirm that the hardship or practical difficulty described above was not created by an action of anyone having property interests in the land after the Zoning Ordinance or applicable part thereof became law? yes no
If no, explain why the hardship or practical difficulty should not be regarded as self-imposed (Self-imposed hardships are not entitled to variances). _____
- c. Are the conditions on your property the result of other man-made changes (such as relocation of a road or highway?) yes no
If yes, describe _____
- d. Will strict application of the terms of the ordinance deny use of the property for any purpose to which its reasonably adapted? yes no
If yes, how? _____
- e. Is the variance applied for due to unique circumstances presented on your property or to the general conditions in the area? yes no
If yes, explain any peculiar or unique conditions, and how many other properties in your area are similarly affected _____
- f. Would granting the variance change the essential character of the area? yes no. If yes, how? _____
- g. Would granting the variance be contrary to any county development plans? yes no. or to any local government development plans? yes no. Explain _____
- h. Would granting the variance be contrary to the intent and purpose of the Zoning Ordinance? yes no. If yes, explain _____
- i. Other Comments in support of the application. _____

C. Appeal from Administrative decision.
The appellant respectfully requests the Board of Appeals to (reverse/modify) the Zoning Administrator's decision (copy attached) on application number _____ dated _____. It is alleged the Zoning Administrator erred in (the interpretation of article _____ section _____ / his order/his requirement/ his decision/ his determination) regarding the issuance of a _____ permit and that (reversal/modification) of said decision should be granted because _____

Specify decision sought: _____

D. Other authorized reviews
The appellant respectfully petitions the Board of Appeals to grant the following: _____

According to the conditions and provisions of article _____ section _____ granting this authority to the Board of Appeals. Specifically state the problem, decision sought and the justification for the request. _____

IV. IMPACT ON SURROUNDING LANDS

If your request is granted:

A. What are likely to be the positive and negative impacts of this decision on the surrounding land and neighbors? _____

B. How do you propose to minimize any potential negative impacts which your proposed activity may cause? _____

V. AFFIDAVIT

The undersigned acknowledges that if a variance is granted or other decisions favorable to the undersigned is rendered upon this appeal, the said decision does not relieve the applicant from compliance with all other provisions of the City of Manistee Zoning Ordinance; the undersigned further affirms that he/she or they is (are) the (owner/lessee/authorized agent for the owner) involved in the appeal and the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her or their knowledge and belief.

Signature

Judith Sabatka

Signature _____

Date

Aug 9, 2001

Date _____

Receipt # _____

Application for a Sign Permit

Location of Sign: South West Corner of Building located at 300 Care Center D

Parcel Code #: 51-51-713-125-01

Name & Address of Applicant: Manistee Heights Care Center, Inc.
Tendercare of Manistee, 300 Care Center Dr
Manistee MI 49660

Phone Numbers: Work 723-6262 Home n/a

Name & Address of Owner if different: Tendercare (Michigan) Inc.
209 E. Portage Ave., Sault Ste. Marie, MI 49783

Phone Numbers: Work 906-635-0020 Home _____

A Signage Plan as spelled out in Section 1406 of the Zoning Ordinance is needed with the application. Specifications are on the back of this sheet.

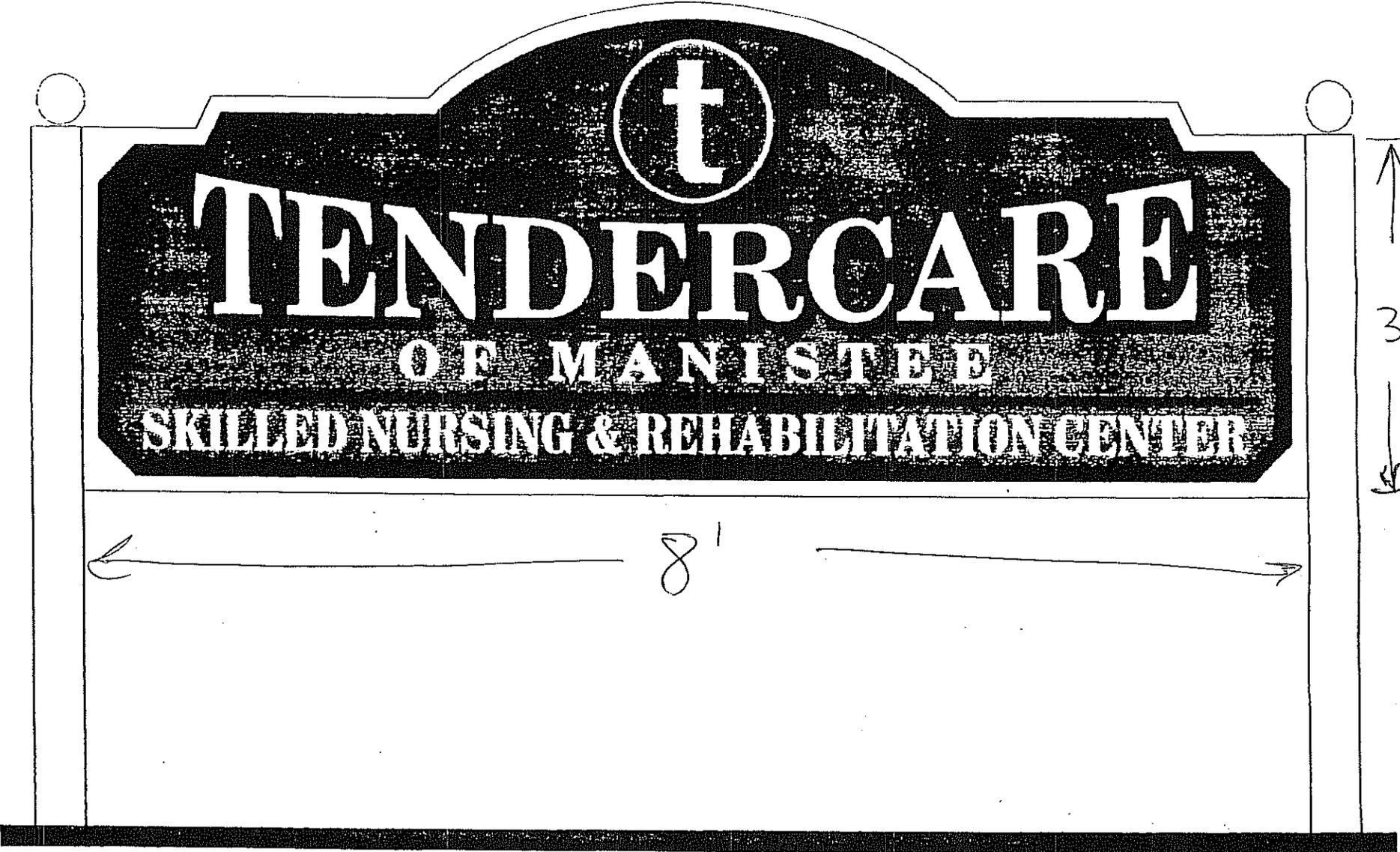
Signage in the Historic Overlay District also requires approval from the Historic Overlay Review Committee. Contact person for Historic Overlay Review is Steve Harold, Museum, 425 River Street, Manistee, Michigan 723-5531.

Once completed the form should be returned to:

Mark W. Niesen
Building Inspector/Plan Reviewer
City of Manistee
70 Maple Street, P.O. Box 358
Manistee, MI 49660

For Questions call Mark Niesen, (616) 723-2558.

Fee: \$ 25.00

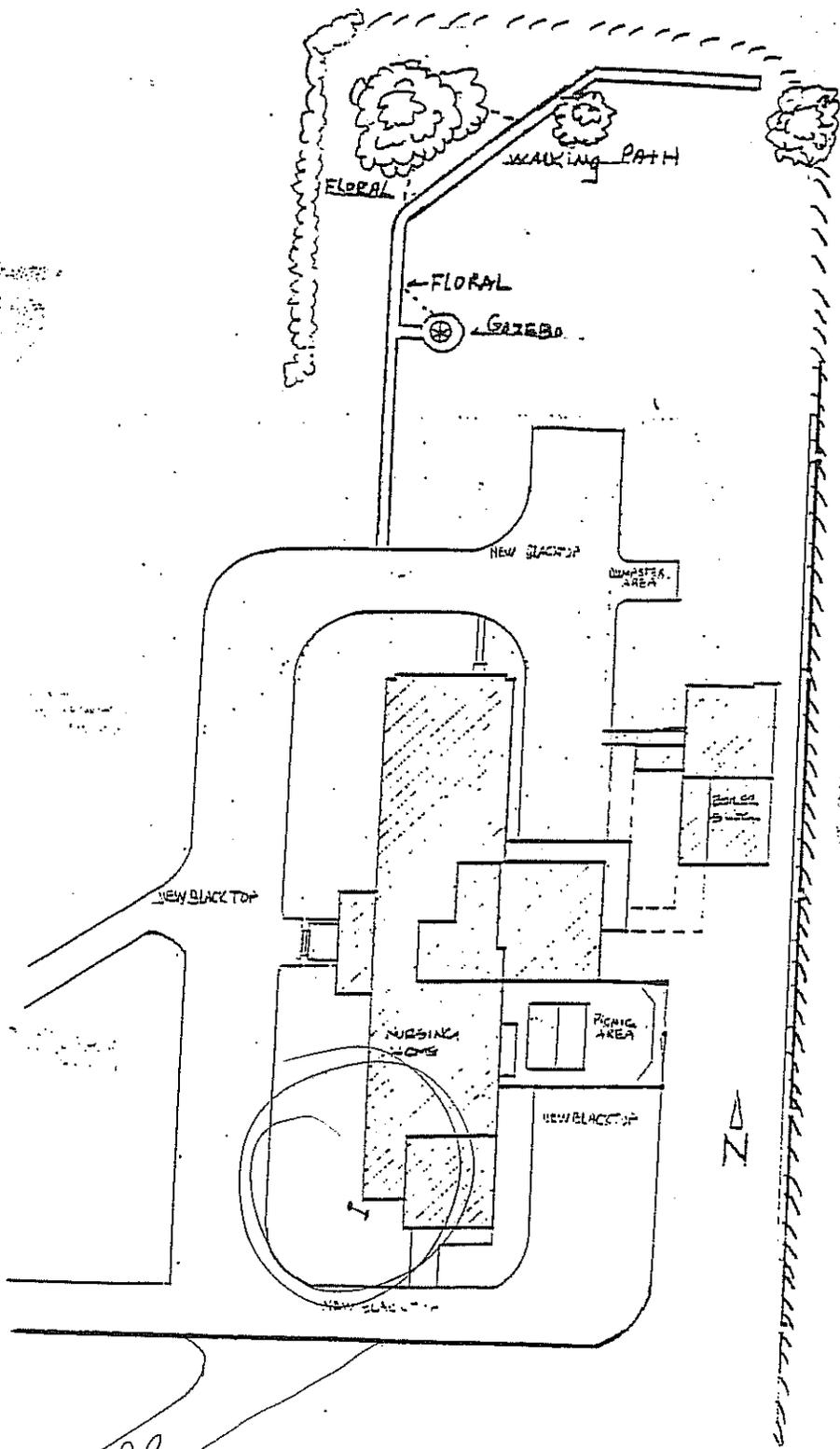


← 8' →

↑ 3' ↓

VIEW OF MANISTEE LAKE

Landscaping of Manistee



Cave center DR

REQUEST FOR APPEAL

CITY OF MANISTEE
ZONING BOARD OF APPEALS

Ervin Cabot

Name

1813 N. ZIMMERMAN Rd.

Address

Honor, MI 49640

City, State and Zip Code

Phone Numbers (Work) 231-325-4223

(Home) cell 510-4790

FOR OFFICE USE ONLY

Appeal Number 21007
Date Received 8-14-01
Tax Parcel Number 51-51-554-701-13
Fee Received (Amt & Date) 1008 8-14-01
Receipt Number 1008
Hearing Date 8-23-01
Board of Appeals Action _____

FEE FOR APPEAL \$250.00

PLEASE NOTE: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

I. **ACTION REQUESTED:**

I, (We), the undersign request a hearing before the Manistee City Zoning Board of Appeals for the purpose indicated below:

- Ordinance or Map Interpretation
- Appeal from Administrative Decision
- Variance
- Other Authorized Review

II. **PROPERTY INFORMATION:**

A. Legal description of property affected by this appeal: Lots 7 & 8 of A.S. HAINES (172 HANCOCK ST., MANISTEE MI.)
Tax Roll Parcel Code #: 51-51-554-701-13

B. List of all deed restrictions (attach additional sheets if necessary): NONE

C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land: ERVIN CABOT
1813 N. ZIMMERMAN Rd.
HONOR MI 49640

D. This area is: Not platted, Platted, Will be Platted
If Platted, Name of Plat: _____

E. Present use of property is: APARTMENT HOUSE

F. Present zoning district classification of the property is: R-4

- G. A previous appeal (has has not) been made with respect to these premises in the last _____ years. If a previous appeal, re-zoning or special use permit application was made, state the date, nature of action requested and the decision:

Date: _____ Action Requested: _____

Decision (approved/ denied) other: _____

III. DETAILED REQUEST AND JUSTIFICATION

A. Interpretation of Zoning Ordinance or Map

1. The appellant respectfully requests the Board of Appeals make an interpretation of:

- (A) The location of district boundaries on the _____ Zoning District map as applied to the property described in the application.
- (B) The provisions of article _____ Section _____ of the Manistee City Zoning Ordinance.
- (C) Other, (specify) _____

2. Please describe in detail the nature of the problem to be interpreted and the reason for the request: ORDINANCE requires 2 PARKING SPACES PER UNIT

B. Variance from the requirements of the Zoning Ordinance.

The appellant respectfully requests the Board of Appeals grant a variance on the above described property.

1. Indicated below are the Ordinance requirement(s) which are the subject of the variance request.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Setback | <input type="checkbox"/> Side Yard | <input checked="" type="checkbox"/> Off-street Parking |
| <input type="checkbox"/> Lot Coverage | <input type="checkbox"/> Placement | <input type="checkbox"/> Height |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Area Requirements | <input type="checkbox"/> Other _____ |

2. State exactly what is intended to be done on, or with the property which necessitates a variance from the Zoning Ordinance. provide 7 off street parking for 5 APARTMENTS

3. Describe the characteristics of your property which require the granting of a variance (include dimensional information).

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Too Narrow | <input type="checkbox"/> Elevation | <input type="checkbox"/> Soil |
| <input checked="" type="checkbox"/> Too Small | <input type="checkbox"/> Slope | <input type="checkbox"/> Subsurface |
| <input type="checkbox"/> Too Shallow | <input type="checkbox"/> Shape | <input type="checkbox"/> Other (Specify) |

4. Justification for granting the requested variance. The appellant must show that strict application of the provisions of the Zoning Ordinance to his property would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the ordinance. In order for the Board of Appeals to determine whether unnecessary hardship exists, the appellant should provide answers to each of the following questions:

- a. Can the property in question be used in a manner permitted by the Zoning Ordinance if a variance is not granted? yes no
If no, what unnecessary hardship or practical difficulty will result if the variance is not made? _____
- b. To the best of your knowledge, can you affirm that the hardship or practical difficulty described above was not created by an action of anyone having property interests in the land after the Zoning Ordinance or applicable part thereof became law? yes no
If no, explain why the hardship or practical difficulty should not be regarded as self-imposed (Self-imposed hardships are not entitled to variances). _____
- c. Are the conditions on your property the result of other man-made changes (such as relocation of a road or highway?) yes no
If yes, describe _____
- d. Will strict application of the terms of the ordinance deny use of the property for any purpose to which its reasonably adapted? yes no
If yes, how? _____
- e. Is the variance applied for due to unique circumstances presented on your property or to the general conditions in the area? yes no
If yes, explain any peculiar or unique conditions, and how many other properties in your area are similarly affected _____
- f. Would granting the variance change the essential character of the area?
 yes no. If yes, how? _____
- g. Would granting the variance be contrary to any county development plans?
 yes no. or to any local government development plans?
 yes no. Explain _____
- h. Would granting the variance be contrary to the intent and purpose of the Zoning Ordinance? yes no. If yes, explain _____
- i. Other Comments in support of the application. _____

C. Appeal from Administrative decision.
The appellant respectfully requests the Board of Appeals to (reverse/modify) the Zoning Administrator's decision (copy attached) on application number _____ dated _____. It is alleged the Zoning Administrator erred in (the interpretation of article _____ section _____ / his order/his requirement/ his decision/ his determination) regarding the issuance of a _____ permit and that (reversal/modification) of said decision should be granted because _____

Specify decision sought: _____

D. Other authorized reviews
The appellant respectfully petitions the Board of Appeals to grant the following: _____

Variance for limited parking

According to the conditions and provisions of article _____ section _____ granting this authority to the Board of Appeals. Specifically state the problem, decision sought and the justification for the request. _____

IV. IMPACT ON SURROUNDING LANDS

If your request is granted:

A. What are likely to be the positive and negative impacts of this decision on the surrounding land and neighbors? *More off street parking than previous*

B. How do you propose to minimize any potential negative impacts which your proposed activity may cause? *None*

V. AFFIDAVIT

The undersigned acknowledges that if a variance is granted or other decisions favorable to the undersigned is rendered upon this appeal, the said decision does not relieve the applicant from compliance with all other provisions of the City of Manistee Zoning Ordinance; the undersigned further affirms that he/she or they is (are) the (owner/lessee/authorized agent for the owner) involved in the appeal and the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her or their knowledge and belief.

Signature *Drew Galat*

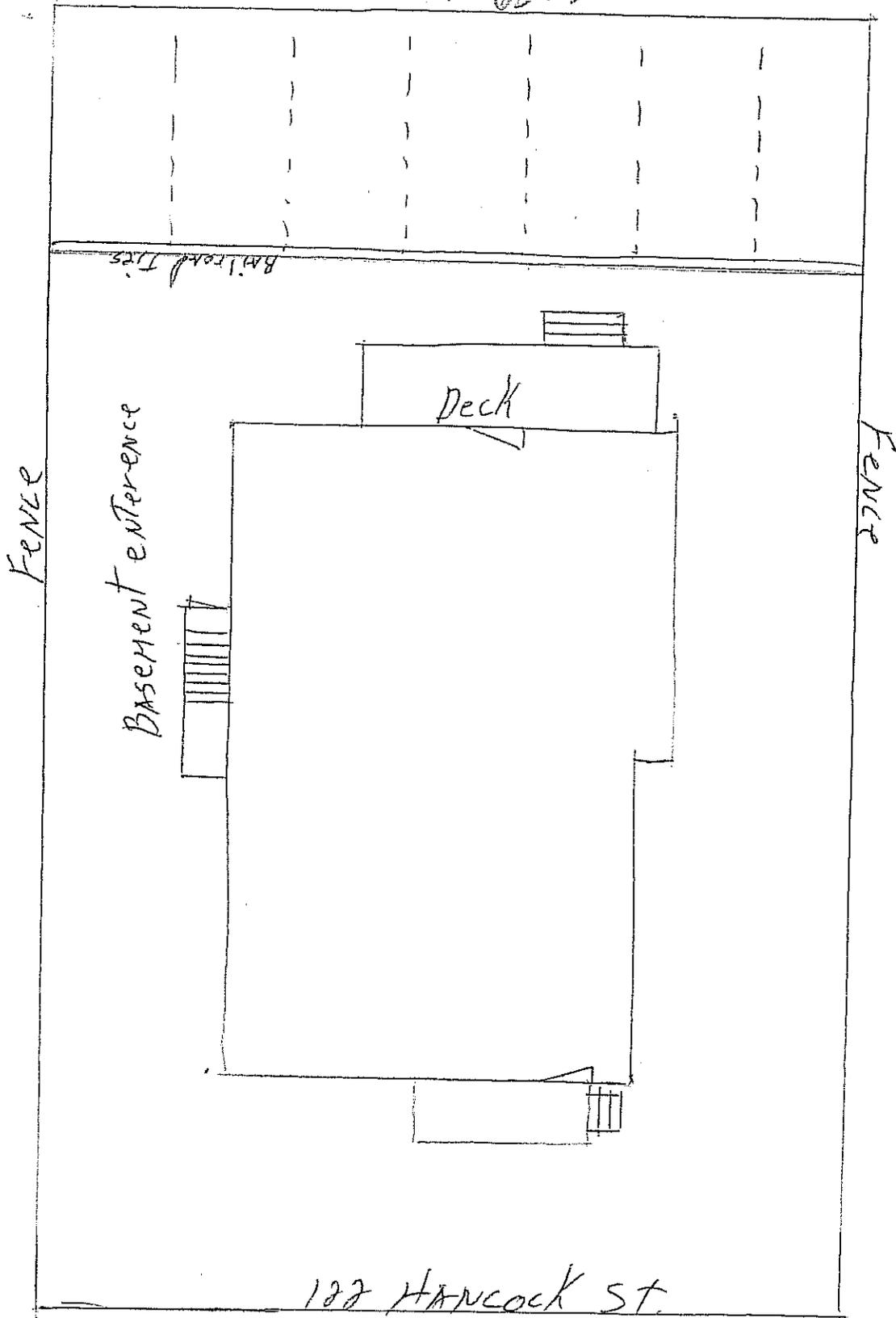
Date 8-14-01

Signature _____

Date _____

Ervin Cabot

Alley
← 62' →



HANCOCK Street