APPLICATION FOR VARIANCE OR NON-CONFORMING STRUCTURE ZONING BOARD OF APPEALS

Section 1: Applicant Information		
Name of Applicant: MAVEN DEVELOPMENT Address of Applicant: 479 FELCH, ANN ARBOR MI 48108 Daytime Phone: 34-945-3603 Fax: Email: dand mayen development.com Applicant's Relationship to Property: Developer		
Section 2: Property Information		
Address of Property: 303-307 DAVIS STREET Zoning Classification: R4C Tax ID# (if known): 09-09-32-205-005 AND-006 *Name of Property Owner: FISHMAN-W DAVIS LUC *If different than applicant, a letter of authorization from the property owner must be provided.		
Section 3: Request Information		
Chapter(s) and Section(s) from which a variance is requested: CHAPTER 47, SECTION 4:20 15 FROM ROW O' ————————————————————————————————		
Example: Chapter 55, Section 5:26 Example: 40' front setback Example: 32'		
Give a detailed description of the work you are proposing and why it will require a variance (attach additional sheets if necessary) The project proposes construction of a new drive approach within the Davis and First Streets in terms exception.		
Section 4: VARIANCE REQUEST (If not applying for a variance, skip to section 5)		
The City of Ann Arbor Zoning Board of Appeals has the powers granted by State law and City Code Chapter 55, Section 5:98. A variance may be granted by the Zoning Board of Appeals only in cases involving practical difficulties or unnecessary hardships when ALL of the following is found TRUE . Please provide a complete response to each item below. These responses, together with the required materials in Section 5 of this application, will form the basis for evaluation of the request by staff and the Zoning Board of Appeals. (continued)		

property, and area of property.	sting and proposed structures, dimensions or
☐ Building floor plans showing interior roo	oms, including dimensions.
, ,	xisting buildings involved in the request.
Any other graphic or written materials t	*
7 Try other grapino of written materials	
ection 7: Acknowledgement	
SIGNATURES MUST BE SIGNED I	N PRESENCE OF NOTARY PUBLIC
I, the applicant, request a variance from the at Ann Arbor City Code for the stated reasons, in hereto.	pove named Chapter(s) and Section(s) of the accordance with the materials attached
734-945-3623	San Will
734-945-3633 Phone Number dan@ navenderelop menti com Email Address	DAN WILLAMS Signature Print Name
I, the applicant, hereby depose and say that a statements contained in the materials submitted.	Il of the aforementioned statements, and the en herewith, are true and correct.
Magazinacon	Signature
purpose of reviewing my variance request	Signature
I have received a copy of the informational co- and acknowledge that staff does not remind times.	ver sheet with the deadlines and meeting dates the petitioner of the meeting date and
	Signature Signature
applicant and made oath that he/she has read the foreg contents thereof, and that the same is true as to his/her to be upon his information and belief as to those matters MATTHEW JOHN KEIR	before me personally appeared the above named oing application by him/her subscribed and knows the own knowledge except as to those matters therein stated
Notary Public, State of Michigan	Notary Public Signature
County of Washtenaw My Commission Expires: 04/08/2020	1 Math 3 Kol
Notary Commission Expiration Date	Print Name
taff Use Only	Fee Paid: 600°
ate Submitted:	- 10.00 8/01 -15
ile No.: re-filing Staff Reviewer & Date	
ESTRING CONTROL OF CON	ZBA Action:
Pre-Filing Review:	

Staff Reviewer & Date: