

**APPLICATION FOR VARIANCE AND/OR TIME EXTENSION
HOUSING BOARD OF APPEALS**

Section 1: Applicant Information

Name of Applicant: Marne Smiley
Address of Applicant: 566a Kellogg, Ann Arbor, MI 48105
Daytime Phone: 734.730.0309
Fax: _____
Email: marnesmiley@gmail.com
Applicant's Relationship to Property: owner

Section 2: Property Information

Address of Property: _____
Zoning Classification: _____
Tax ID# (if known): _____

Section 3: Request Information

Variance

Chapter(s) and Section(s) from which a variance is requested:	REQUIRED dimension:	PROPOSED dimension:
<u>8:502. - Minimum standards for light and ventilation.</u>	<u>4% ventilation and 8% light for the floor area of that habitable room.</u>	<u>3.87% ventilation</u>
_____	_____	_____
<i>Example: Chapter 105, Section 5:26</i>	<i>Example: 6' 8" Basement Ceiling Clearance</i>	<i>Example: 6'6" Basement Ceiling Height</i>

Give a detailed description of the work you are proposing and why it will require a variance (attach additional sheets if necessary)

no work

Section 4: Variance Request (If not applying for a variance, skip to section 5)

The City of Ann Arbor Housing Board of Appeals has the powers granted by City Code Chapter 105. A variance may be granted by the Housing 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 Housing Board of Appeals.

Are there hardships or practical difficulties to complying with the Code? Are these hardships or practical difficulties an exception or unique to the property compared to other properties in the City?

no hardships, Association does not allow changes to the outside of the building. All over 54 apartments in the complex have the same configuration of windows.

Are the hardships or practical difficulties more than mere inconvenience, inability to obtain a higher financial return, or both? (explain)

I would make the changes if feasible and if association allowed changes

What effect will granting the variance have on the neighboring properties? _____

Zero affect. All neighbors have the same windows.

What physical characteristics of your property in terms of size, shape, location or topography prevent you from using it in a way that is consistent with the Code?

No characteristics

Is the condition which prevents you from complying with the ordinance self-imposed? How did the condition come about?

No self-imposed. It is the same buildings and structure from when the buildings were built.

Section 5: Time Extension

Current use of the property

Explain why you are requesting a time extension:

Section 6: Required Materials

The following materials are required for all variance requests. Failure to provide these materials will result in an incomplete application and will delay staff review and Building Board of Appeals consideration of the request. The materials listed below must accompany the application and constitute an inseparable part of the application.

All materials must be provided on **8 1/2" by 11" sheets. If incomplete, you will be scheduled for the NEXT MEETING DATE ON THE FOLLOWING MONTH.**

Building floor plans showing interior rooms, including dimensions.

Photographs of the property and any existing buildings involved in the request.

Any other graphic or written materials that support the request.

A complete List of Tenant Names so that they can be notified that the HBA will do a possible walk through of the property on the day of the hearing.

Section 7: Acknowledgement

SIGNATURES

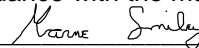
I, the applicant, request a variance from the above named Chapter(s) and Section(s) of the City of Ann Arbor Residential Housing Code for the stated reasons, in accordance with the materials attached hereto.

734.730.0309

Phone Number

marnesmiley@gmail.com

Email Address


Signature

Marne Smiley

Print Name

STAFF USE ONLY

Date Submitted: _____ Fee Paid: _____

File No.: _____ Date of Public

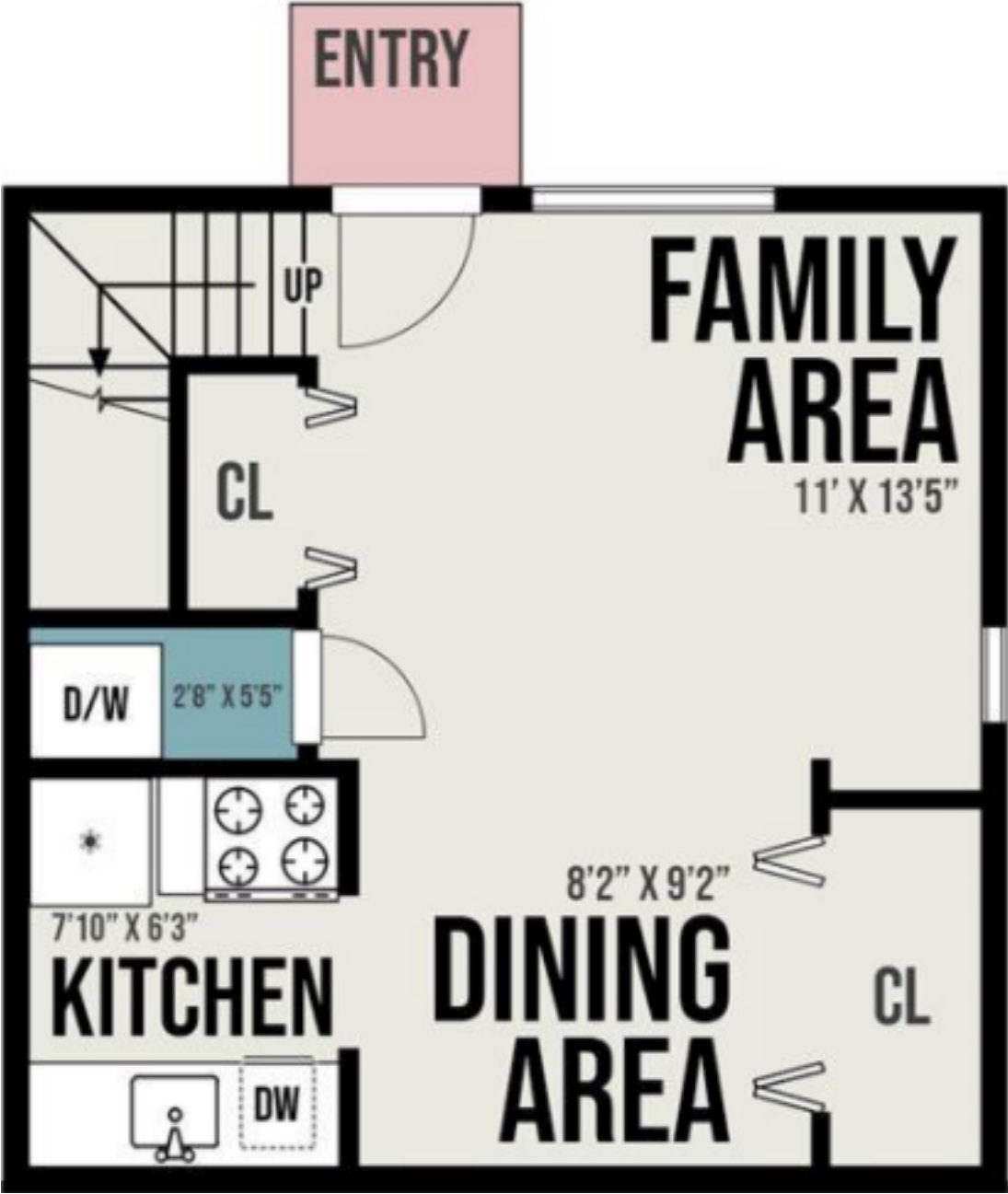
Hearing _____

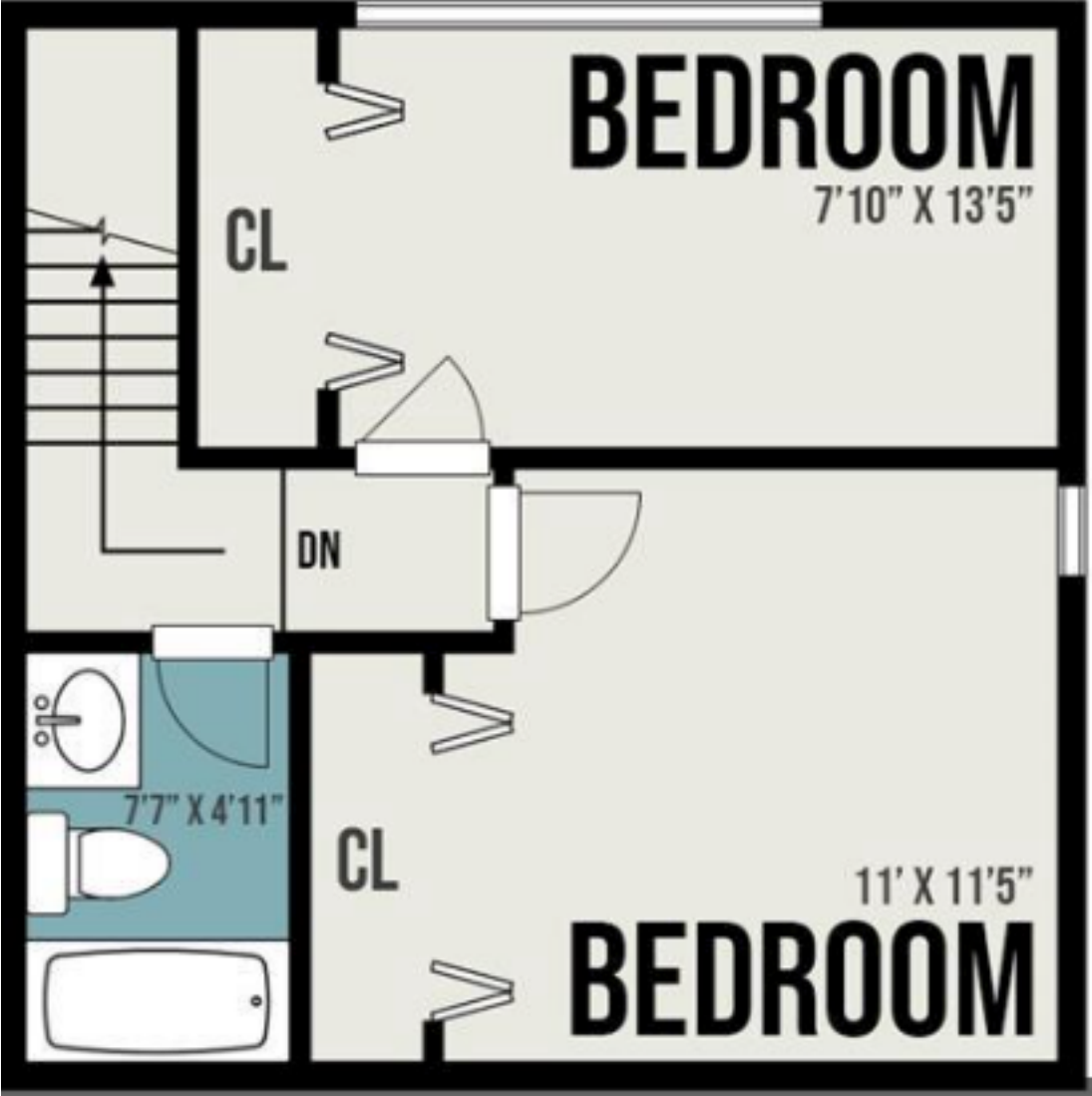
Pre-filing Staff Reviewer & Date _____ HBA Action: _____

Pre-Filing Review: _____

Staff Reviewer & Date: _____









Americitech
TELEPHONE
NETWORK INTERFACE



