

Office Hours:  
Monday through Friday  
8 AM to 4:30 PM

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**NON-USE (Dimensional) ZONING VARIANCE APPLICATION**  
( See Section 14.6 A. 2. c. {i, ii, iii} )

APPLICANT \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

1. Zoning District: \_\_\_\_\_
2. Describe the reason for requesting a dimensional variance from zoning ordinance requirements:  
\_\_\_\_\_  
\_\_\_\_\_
3. Discuss the existing special conditions and circumstances which are peculiar and/ or unique to the land, structure, or building(s) involved which are not applicable to other land, structure, or building(s) in the same district:  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the practical difficulty and why ordinance requirements cannot be met:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are the special conditions and circumstances a result of the actions of the applicant?  
\_\_\_\_\_
6. Describe why the problem is not self-created:  
\_\_\_\_\_  
\_\_\_\_\_
7. Describe how the requested variance will relate only to the property under the control of the applicant:  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe any negative impact to the adjacent parcel(s) that may result from the granting of this variance (i.e. property valuation, fire hazard, traffic congestion, storm drainage, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe why this variance is the minimum request that will make possible the reasonable use of the land, building, or structure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Additional comments or statements:  
\_\_\_\_\_  
\_\_\_\_\_

The above information is true to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
(Please print name here)