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Transmittal Date August 3, 2021

Who Carol Konieczki
With Sylvan Township Zoning Dept.
Project Miller/Graessley Residence, 946 Ridge Court

- Three sets of revised Plans for the above project dated 8.3.21 for your review and use
- Revised ZBA Application, Zoning Compliance Certificate, LR and General application forms

All for the revised ZBA Application for the above project
Please call with any questions

Thanks

Scott McElrath

ESTABLISHED 1835



Sylvan Township, Washtenaw County, Michigan

Zoning Variance Request

Application Form

18027 Old US 12 • Chelsea, MI 48118

(734)475-8890 • FAX (734)475-8905

www.sylvan-township.org

Staff Use Only	Property Address:	
Fee:	ZBA Number:	Application Date:

1. Name of Property Owner/Applicant ANDREA MILLER, GLEN GRAESSLEY
2. Property Address 944 RIDGE COURT, CHELSEA MI. 48118
3. Variance Request Summary (If multiple variances are requested list all):

NET LOT AREA, LOT WIDTH

EAST AND WEST SIDE YARD SETBACKS

LOT COVERAGE

FLOOR AREA RATIO

4. Items Required: (Please check items submitted)

- A. A Zoning Compliance Certificate General Application, a Zoning Compliance Certificate Application for the Zoning District of the subject property, and a Variance Request Application filled out completely and signed.
- B. All items required in the General Planning Application.
- C. Fee \$575 for single family and small commercial, \$700 all others. \$450 for each addition hearing.

Sec. 30-36(l)

An application for a certificate of zoning compliance for a parcel of land in the LR district shall be accompanied by a staked survey of the land for which the certificate is requested. The survey shall be signed and sealed by a land surveyor registered in the state.

Sec. 30-38(h)

Certificate of footings. Any construction in the LR district for which a certificate of zoning compliance has been issued shall have the location of footings or any other sub-grade or at-grade improvement, such as slabs, certified for compliance with all setback requirements. Certification shall be made by a land surveyor registered in the state. The owner of the property shall provide the certification to the zoning inspector within ten days of the installation of footings or other sub-grade or at-grade improvement. Failure to comply with this requirement shall render the certificate of zoning compliance null and void. All construction shall cease immediately if the footings or other construction violates the setback requirement and shall not be re-commenced until after the violation is removed.

5. Expiration:

Each variance approved shall expire and be of no effect unless the construction authorized by the variance has been commenced within 180 days after the date of approval and has been pursued diligently to completion, or the occupancy of land or buildings authorized by the variance has commenced within 180 days of the date of approval. (Chapter 30, Section 30-149)

6. Certification and Signature of Applicant and/or Owner:

I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any special use permit grants only that which was represented to the Planning Commission at the Public Hearing. No other use may be substituted without a rehearing.

[Handwritten Signature] 16/2/21

Signature of Owner/Date¹

[Handwritten Signature] 16/2/21

Signature of Applicant /Date

REVISED 8.3.21 SMC

Staff Use Only	
Notice Date / /	Hearing Date / /
Continued Date / /	
Decision:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Approve w/Conditions
List of Conditions:	
Zoning Administrator _____	Date / /

¹ The owner's signature is required. If the owner does not sign this document a letter of owner's authorization is required. This authorization letter should state that the owner has allowed the applicant to apply for the special use permit. This authorization letter needs to be signed and dated by the property owner.

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Zoning Compliance Certificate

Low Density Residential District (LR)

• 18027 Old US 12 • Chelsea, MI 48118 • (734)475-8890 • FAX (734)475-8905
 • www.sylvan-township.org

Staff Use Only		Property Address:			
Fee:		Zoning Permit Number:		Application Date:	
A. Property Details		Zoning District: LR			
Allowed		Existing		Proposed	
Lot Area	1 Acres	Lot Area	7003.3 SF	Lot Area	7003.3 SF
Lot Width	150 feet	Lot Width	25.87'	Lot Width	25.87'
Setbacks					
Front Yard*	50 feet	Front Yard	81'-0"	Front Yard	99'-11"
<u>EAST</u> Side Yard	20 feet	<u>EAST</u> Side Yard	3'-2 1/2"	<u>EAST</u> Side Yard	3'-5"
<u>WEST</u> Side Yard	20 feet	<u>WEST</u> Side Yard	6'-10"	<u>WEST</u> Side Yard	6'-11"
Rear Yard	35 feet	Rear Yard	49'-6 1/4"	Rear Yard	35'-1"
Lot Coverage	20%	Lot Coverage	19.48%	Lot Coverage	22.42%
Floor Area Ratio	20%	Floor Area Ratio	18.05%	Floor Area Ratio	28.80%
Maximum Height	35 feet	Maximum Height	13'-2 1/2"	Maximum Height	21'-8 1/2" to 1000 sq ft 23'-10" to 2100 sq ft
Number of Stories	2 Stories	Number of Stories	1 STORY	Number of Stories	2 STORIES
Max. Height of Detached Build	25 Feet	Max. Height of Detached Build	N/A	Max. Height of Detached Build	N/A

* The front yard on Lake Property is lakeside

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Sec. 30-38(h)

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PROPERTY OWNER SIGNATURE: _____

DATE: 6/12/21 ^{REVISED 8.3.21}

C. Action of the Inspector		
Variance Required:	Yes _____	No _____
Zoning Compliance Certificate Approved:	Yes _____	No _____
Reason: _____		
Zoning Administrator		Date / /

ESTABLISHED 1835



Zoning Compliance Certificate

General Application Form

18027 Old US 12 • Chelsea, MI 48118
 (734)475-8890 • FAX (734)475-8905
 www.sylvan-township.org

Staff Use Only	Property Address:	
Fee:	Zoning Permit Number:	Application Date:

1. Record Owner(s):

Name: ANDREA MILLER + GLEN GRASSLEY
 Mailing Address: 946 RIDGE CT
 City, State, ZIP: CHELSEA, MI 48118
 Phone Number: _____
 Fax Number: _____
 Email Address: ggrassley@avaya.com

2. Authorized Agent(s):

Name: DANGEROUS ARCHITECTS
 Mailing Address: 104 SOUTH MAIN ST.
 City, State, ZIP: CHELSEA, MI 48118
 Phone Number: (734) 475 3660
 Fax Number: -
 Email Address: SMCELNATH@DANGEROUSARCHITECTS.COM

3. Property Address 946 RIDGE CT, CHELSEA, MI 48118

4. Zoning District LR

5. Tax Identification Number F 0 6 - 0 8 - 2 0 7 - 0 0 7

6. Please check if the project required review by the following:

_____ **Planning Commission**

Zoning Board of Appeals

7. Project Description:

NEW SINGLE STORY ATTACHED 2-CAR GARAGE, SECOND STORY ADDITION OVER EXISTING HOUSE FOOTPRINT, AND 2-STORY ADDITION BETWEEN HOUSE AND NEW GARAGE. TEMPORARY SHED TO BE REMOVED.

8. Proposed Use : FULL TIME RESIDENCE

9. Expiration and Revocation :

A certificate of zoning compliance expires six (6) months after the date of issuance unless a building permit has been issued. If work authorized by the building permit is suspended or abandoned by the end of six (6) months after the date of issuance of the building permit, the Zoning Inspector shall notify the applicant that said certificate has expired. Said certificate may be reinstated upon showing of good cause for suspension or abandonment of the work. The Zoning Inspector may, for reasonable cause, grant (1) or more extensions of time for additional periods not exceeding ninety (90) days each.

**Sylvan Township, Washtenaw County, Michigan
General Application Form**

ZP - _____

The Zoning Inspector may revoke a certificate of zoning compliance in case of any false statements or misrepresentation of fact in the application or the plans on which the certificate was based.

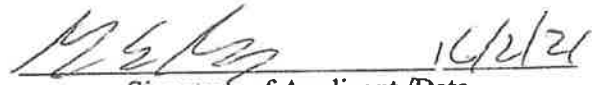
10. Items Required: (Please check items submitted. Put N/A if the items are not needed)

- A. Zoning Compliance Certificate for the zoning district in which the subject property is located.
- B. Site Plan (3 Copies)
 - Address of the property, scale, date, and north point.
 - Location, shape and dimensions of the lot.
 - Outline and dimensions of all existing and proposed structures, wells, septic tanks and drain fields.
 - Setbacks of all existing and proposed structures to all property lines.
 - A clear description of existing and intended uses of all structures.
 - Lot size and square footage calculations of the existing and proposed buildings.
 - Additional information as required by the zoning inspector for purposes of determining compliance with this chapter.
- B. All Building Permit Plans (3 Copies)
- C. Properties within the LR district require a staked survey. The survey shall be signed and sealed by a land surveyor registered in the state. Properties within the LR district will also require a certificate of footing be submitted to the Zoning Inspector within ten days of the installation of footings or other sub-grade or at-grade improvement.
- _____ D. Additional Information including but not limited to (if necessary)
 - NA - Driveway Permit
 - Sewage Permit
 - Well Permit
 - Other information necessary to determine compliance with the zoning regulations.

11. Certification and Signature of Applicant and/or Owner:

I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any variance grants only that which was represented to the Zoning Board of Appeals at the Public Hearing. No other plans may be substituted that increase the size, dimensions, lot area coverage, yard setbacks, or ZBA imposed conditions without a rehearing.

 10/2/21
Signature of Owner/Date

 10/2/21
Signature of Applicant /Date
REVISED 8.31.21 SWC