

**SKANDIA TOWNSHIP**  
224 Kreiger Drive / P.O. Box 48  
Skandia, MI 49885  
Phone (906) 942-7404 / Fax (906) 942-7509  
Zoning Administrator - Mark Maki (906)446-3335 Email: jojozimmy@aol.com

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**CLASS A NON-CONFORMING USE OR STRUCTURE  
AND/OR EXPANSION APPLICATION**

CLASS A # \_\_\_\_\_

APPROVED \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

I (We) hereby request an expansion to an existing Class A Non-Conforming use and/or structure for the property legally described below:

Is this request to grant a Class A designation on an existing non-conforming use or structure?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe the non-conformity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this a request to expand, enlarge or increase an existing non-conforming use or structure?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe the request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all owners and/or parties having an interest in the ownership of this parcel:

- A. \_\_\_\_\_
- B. \_\_\_\_\_

Legal description of the property for which this Class A request, expansion, extension, enlargement, and/or increase in intensity permit is requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above described parcel is located in a \_\_\_\_\_ zoning district.

Please describe the nature of the existing use as it exists now, including hours of operation, the number of employees on site and the general daily activities conducted at this site:

- A. Current hours of operation: \_\_\_\_\_
- B. Current number of employees: \_\_\_\_\_
- C. Is there any delivery of products to the site? \_\_\_\_\_
- D. Description of the general nature of the existing use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any hazardous wastes and/or chemicals stored at this site? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain where: \_\_\_\_\_  
\_\_\_\_\_

Please describe the proposed expansion and/or change in intensity of use for which this application is requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the proposed hours and days of operation, if any? \_\_\_\_\_

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Is there a proposed increase in the number of employees as a result of this expansion?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Describe the existing character of the surrounding area as it exists and any effects or impacts the proposed expansion will have on the surrounding area:

A: \_\_\_\_\_

\_\_\_\_\_

B: \_\_\_\_\_

\_\_\_\_\_

Does the proposed expansion carry with it any increase in noise, dust, smoke, fumes, or odors?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Is there any increase in traffic volumes or any change in the character of the area?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

What benefits will the community and/or immediate neighborhood receive as a result of this expansion?

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

If there are any negative impacts expected as a result of this expansion, how will this be minimized?

A. \_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant is also required to pay a \$300 filing fee as set by the Skandia Township Board to offset the costs of processing the variance, complying with public notice requirements, and for the meeting of the Planning Commission. The filing fee is non-refundable regardless of the outcome of the application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_