



COMMUNITY DEVELOPMENT DEPARTMENT

45175 Ten Mile Road
Novi, MI 48375
(248) 347-0415 Phone
(248) 735-5600 Facsimile
www.cityofnovi.org

ZONING BOARD OF APPEALS STAFF REPORT

FOR: City of Novi Zoning Board of Appeals

ZONING BOARD APPEALS DATE: August 13, 2019

REGARDING: 27250 Wixom Rd A, Parcel #50-22-17-101-024 (PZ19-0027)

BY: Larry Butler, Deputy Director Community Development

I. GENERAL INFORMATION:

Applicant

PrimeCare on Wixom

Variance Type

Sign

Property Characteristics

Zoning District:	Light Industrial
Location:	West of Wixom Road and South of Grand River Avenue
Parcel #:	50-22-17-101-024

Request

The applicant is requesting variances from the City of Novi Code of Ordinances Section 18-5(a) for the proposed installation of three wall signs for two tenants. 30-65 square foot maximum based on frontage, one sign per business allowed. Signs should be of common design per code. This property is zoned Light Industrial (I-1).

II. STAFF COMMENTS:

III. RECOMMENDATION:

The Zoning Board of Appeals may take one of the following actions:

1. I move that we **grant** the variance in Case No. **PZ19-0027**, sought by _____, for _____ because Petitioner has shown practical difficulty requiring _____.
- (a) Without the variance Petitioner will be unreasonably prevented or limited with respect to use of the property because _____.
- (b) The property is unique because _____.
- (c) Petitioner did not create the condition because _____.

_____.

(d) The relief granted will not unreasonably interfere with adjacent or surrounding properties because_____

_____.

(e) The relief if consistent with the spirit and intent of the ordinance because

_____.

(f) The variance granted is subject to:

1. _____.

2. _____.

3. _____.

4. _____.

2. I move that we **deny** the variance in Case No. **PZ19-0027**, sought by _____, for _____ because Petitioner has not shown practical difficulty requiring _____.

(a) The circumstances and features of the property including _____ are not unique because they exist generally throughout the City.

(b) The circumstances and features of the property relating to the variance request are self-created because _____.

(c) The failure to grant relief will result in mere inconvenience or inability to attain higher economic or financial return based on Petitioners statements that _____.

(d) The variance would result in interference with the adjacent and surrounding properties by _____.

(e) Granting the variance would be inconsistent with the spirit and intent of the ordinance to _____.

Should you have any further questions with regards to the matter please feel free to contact me at (248) 347-0417.

Larry Butler
Deputy Director Community Development
City of Novi



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ZONING BOARD OF APPEALS APPLICATION

RECEIVED

JUN 28 2019

CITY OF NOVI
COMMUNITY DEVELOPMENT

APPLICATION MUST BE FILLED OUT COMPLETELY

I. PROPERTY INFORMATION (Address of subject ZBA Case)				Application Fee: <u>300.00</u>	
PROJECT NAME / SUBDIVISION <u>Prime Care on Wilson</u>				Meeting Date: <u>8/13/19</u>	
ADDRESS <u>27250 Wilson Rd</u>		LOT/SITE/SPACE # <u>A</u>		ZBA Case #: <u>PZ 19-0027</u>	
SIDWELL # <u>50-22-17-101-024</u>		May be obtain from Assessing Department (248) 347-0485			
CROSS ROADS OF PROPERTY					
IS THE PROPERTY WITHIN A HOMEOWNER'S ASSOCIATION JURISDICTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			REQUEST IS FOR: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACANT PROPERTY <input type="checkbox"/> SIGNAGE		
DOES YOUR APPEAL RESULT FROM A NOTICE OF VIOLATION OR CITATION ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
II. APPLICANT INFORMATION					
A. APPLICANT		EMAIL ADDRESS <u>robertzaide@hotmail.com</u>		CELL PHONE NO. <u>248 755 2225</u>	
NAME <u>Robert ZAID</u>				TELEPHONE NO. <u>248 426 7200</u>	
ORGANIZATION/COMPANY <u>Prime Care on Wilson</u>				FAX NO. <u>248 426 7335</u>	
ADDRESS <u>27250 Wilson Rd</u>		CITY <u>Novi</u>		STATE <u>MI</u>	ZIP CODE <u>48374</u>
B. PROPERTY OWNER <input checked="" type="checkbox"/> CHECK HERE IF APPLICANT IS ALSO THE PROPERTY OWNER					
Identify the person or organization that owns the subject property:		EMAIL ADDRESS		CELL PHONE NO.	
NAME <u>Mumnoon Sidiqui</u>				TELEPHONE NO.	
ORGANIZATION/COMPANY				FAX NO.	
ADDRESS		CITY <u>Novi</u>		STATE <u>MI</u>	ZIP CODE
III. ZONING INFORMATION					
A. ZONING DISTRICT					
<input type="checkbox"/> R-A <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> RM-1 <input type="checkbox"/> RM-2 <input type="checkbox"/> MH					
<input checked="" type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> RC <input type="checkbox"/> TC <input type="checkbox"/> TC-1 <input type="checkbox"/> OTHER _____					
B. VARIANCE REQUESTED					
INDICATE ORDINANCE SECTION (S) AND VARIANCE REQUESTED: <u>(2)</u>					
1. Section _____		Variance requested <u>24" by 16' Wall sign illuminated</u>			
2. Section _____		Variance requested _____			
3. Section _____		Variance requested _____			
4. Section _____		Variance requested _____			
IV. FEES AND DRAWINGS					
A. FEES					
<input type="checkbox"/> Single Family Residential (Existing) \$200 <input type="checkbox"/> (With Violation) \$250 <input type="checkbox"/> Single Family Residential (New) \$250					
<input checked="" type="checkbox"/> Multiple/Commercial/Industrial \$300 <input type="checkbox"/> (With Violation) \$400 <input type="checkbox"/> Signs \$300 <input type="checkbox"/> (With Violation) \$400					
<input type="checkbox"/> House Moves \$300 <input type="checkbox"/> Special Meetings (At discretion of Board) \$600					
B. DRAWINGS 1-COPY & 1 DIGITAL COPY SUBMITTED AS A PDF					
• Dimensioned Drawings and Plans			• Existing & proposed distance to adjacent property lines		
• Site/Plot Plan			• Location of existing & proposed signs, if applicable		
• Existing or proposed buildings or addition on the property			• Floor plans & elevations		
• Number & location of all on-site parking, if applicable			• Any other information relevant to the Variance application		



ZONING BOARD OF APPEALS APPLICATION

V. VARIANCE

A. VARIANCE (S) REQUESTED

DIMENSIONAL USE SIGN

There is a five-(5) hold period before work/action can be taken on variance approvals.

B. SIGN CASES (ONLY)

Your signature on this application indicates that you agree to install a **Mock-Up Sign ten-(10) days** before the schedule ZBA meeting. Failure to install a mock-up sign may result in your case not being heard by the Board, postponed to the next schedule ZBA meeting, or cancelled. A mock-up sign is **NOT** to be actual sign. Upon approval, the mock-up sign must be removed within five-(5) days of the meeting. If the case is denied, the applicant is responsible for all costs involved in the removal of the mock-up or actual sign (if erected under violation) within five-(5) days of the meeting.

C. ORDINANCE

City of Novi Ordinance, Section 3107 – Miscellaneous

No order of the Board permitting the erection of a building shall be valid for a period longer than one-(1) year, unless a building permit for such erection or alteration is obtained within such period and such erection or alteration is started and proceeds to completion in accordance with the terms of such permit.

No order of the Board permitting a use of a building or premises shall be valid for a period longer than one-hundred and eighty-(180) days unless such use is establish within such a period; provided, however, where such use permitted is dependent upon the erection or alteration or a building such order shall continue in force and effect if a building permit for such erection or alteration is obtained within one-(1) year and such erection or alteration is started and proceeds to completion in accordance with the terms of such permit.

D. APPEAL THE DETERMINATION OF THE BUILDING OFFICIAL

PLEASE TAKE NOTICE:

The undersigned hereby appeals the determination of the Building Official / Inspector or Ordinance made

CONSTRUCT NEW HOME/BUILDING ADDITION TO EXISTING HOME/BUILDING SIGNAGE
 ACCESSORY BUILDING USE OTHER _____

VI. APPLICANT & PROPERTY SIGNATURES

A. APPLICANT

Applicant Signature: _____ Date: 6/24/19

B. PROPERTY OWNER

If the applicant is not the owner, the property owner must read and sign below:

The undersigned affirms and acknowledges that he, she or they are the owner(s) of the property described in this application, and is/are aware of the contents of this application and related enclosures.

Property Owner Signature _____ Date _____

VII. FOR OFFICIAL USE ONLY

DECISION ON APPEAL:

GRANTED DENIED

The Building Inspector is hereby directed to issue a permit to the Applicant upon the following and conditions:

Chairperson, Zoning Board of Appeals _____ Date _____



Community Development Department

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REVIEW STANDARDS SIGN VARIANCE

The Zoning Board of Appeals (ZBA) will review the application package and determine if the proposed Sign Variance meets the required standards for approval. In the space below, and on additional paper if necessary, explain how the proposed project meets each of the following standards. (Increased costs associated with complying with the Zoning Ordinance will not be considered a basis for granting a Sign Variance.)

Standard #1. Extraordinary Circumstances or Conditions.

Explain how the circumstances or physical conditions applying to the property that do not apply generally to other properties in the same Zone District or in the general vicinity. Circumstances or physical conditions may include:

- a. **Shape of Lot.** A sign could not be placed in the location required by the Zoning Ordinance due to the shape, topography or other physical conditions of the lot or due to the location of an existing structure. **Describe below:**

OR

- b. **Environmental Conditions.** A sign could not be placed in the location required by the Zoning Ordinance without removing or severely altering natural features, such as trees, topography, drainage courses or encroaching upon storm water facilities. **Describe below:**

OR

- c. **Abutting Property.** A sign could not be reasonably seen by passing motorists due to the configuration of existing buildings, trees, signs or other obstructions on an abutting property. **Describe below:**

d. **Scale of Building or Lot Frontage.** A sign that exceeds permitted dimensions for area and/or height could be considered appropriate in scale due to the length of the building frontage (wall sign only) or length of the lot frontage (ground sign only). **Describe below:**

e. **Not Self-Created.** Describe the immediate practical difficulty causing the need for the Variance was not created by the applicant or any person having an interest in the sign, sign structure, or property. **Describe below:**

our location was approved for two signs and later we were asked to take one down.

Standard #2. Limit Use of Property.

Explain how the failure to grant relief will unreasonably prevent or limit the use of the property and will result in substantially more than mere inconvenience or inability to attain a higher economic or financial return.

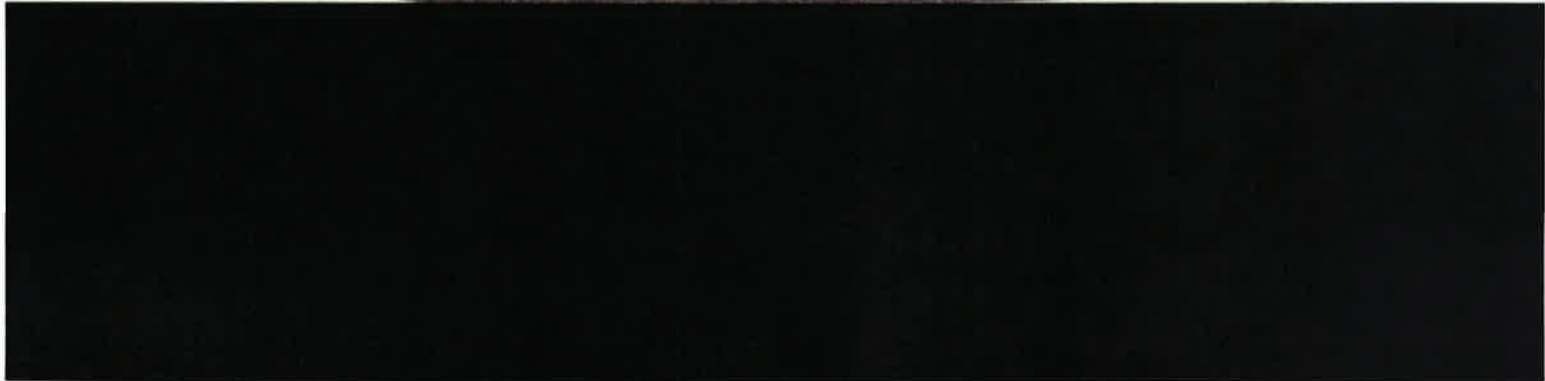
Our "Family Medicine" sign explains what we do. Since we are in a large building that previously was a bank, this helps us advertise what we do. We paid several thousand dollars for the sign and would have to pay more to remove it.

Standard #3. Adverse Impact on Surrounding Area.

Explain how the Sign Variance will not result in a use or structure that is incompatible with or unreasonably interferes with adjacent or surrounding properties, will result in substantial justice being done to both the applicant and adjacent or surrounding properties, and is not inconsistent with the spirit and intent of this chapter.

We occupy Suite A & B of this property. Suite C is being built. In the future we have in our plans the ability to create a separate entrance and possibly an urgent care. Our sign will not interfere with other properties as we are in a standalone building.







cityofnovi.org

City of Novi Sign Permit PS18-0131

Applied: 10/19/2018
Approved: 10/23/2018
To Expire: 04/21/2019

Permit Type: Sign
Status: ISSUED
Description: ILLUMINATED WALL SIGN 24" x 16' (32 SQ.FT.) BASED ON 76 FEET OF LINEAL FRONTAGE copy = Family Medicine

Building Information:

Occupancy: 00
Use:
Valuation: \$0.00
Type:

Job Address: 27250 WIXOM RD A

Parcel Number: 50-22-17-101-024

Owner: SIDDIQUI PROPERTIES LLC

Applicant: MARK'S SIGN SERVICE

Contractor: MARK'S SIGN SERVICE

Architect:

Engineer:

Occupant: PRIMECARE ON WIXOM

Phone Number:

Phone Number: (248) 227 2727

Phone Number: (248) 227 2727

Phone Number:

Phone Number:

Phone Number: (248) 426 7200

Invoice Number: 00225101

Invoice Item:	Amount Cost:	Amount Paid:	Amount Due:
Permit Fee	\$75.00	\$0.00	\$0.00
Invoice Totals:	\$75.00	\$0.00	\$0.00

Invoice Number: 00225130

Invoice Item:	Amount Cost:	Amount Paid:	Amount Due:
Permit Fee	\$75.00	\$75.00	\$0.00
Invoice Totals:	\$75.00	\$75.00	\$0.00

I hereby acknowledge that I have read the application and the above information is correct and agree to comply with all City Ordinances and State Laws regulating building construction. I further agree this building does not violate any restrictive covenant of the abstract.

TCO & CO REQUESTS REQUIRE 2 BUSINESS DAYS NOTICE

Schedule inspections at www.cityofnovi.org 24 hours in advance, no later than 3:30 p.m.

Signature of Applicant

Date



cityofnovi.org

City of Novi Sign Permit PS18-0132

Applied: 10/19/2018
Approved: 10/23/2018
To Expire: 04/21/2019

Permit Type: Sign
Status: ISSUED
Description: ILLUMINATED WALL SIGN 16' X 24" (32 SQ.FT.) BASED ON 65 FEET LINEAL FRONTAGE copy = PrimeCare on Wixom

Building Information:
Occupancy: 00
Use:
Valuation: \$0.00
Type:

Job Address: 27250 WIXOM RD B

Parcel Number: 50-22-17-101-024

Owner: SIDDIQUI PROPERTIES LLC

Applicant: MARK'S SIGN SERVICE

Contractor: MARK'S SIGN SERVICE

Architect:

Engineer:

Occupant:

Phone Number:

Phone Number: (248) 227 2727

Phone Number: (248) 227 2727

Phone Number:

Phone Number:

Phone Number:

Invoice Number: 00225103

Invoice Item:	Amount Cost:	Amount Paid:	Amount Due:
Permit Fee	\$75.00	\$75.00	\$0.00
Invoice Totals:	\$75.00	\$75.00	\$0.00

I hereby acknowledge that I have read the application and the above information is correct and agree to comply with all City Ordinances and State Laws regulating building construction. I further agree this building does not violate any restrictive covenant of the abstract.

TCO & CO REQUESTS REQUIRE 2 BUSINESS DAYS NOTICE

Schedule inspections at www.cityofnovi.org 24 hours in advance, no later than 3:30 p.m.

Signature of Applicant

Date

Phone: 248-347-0415

Fax: 248-735-5600