



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: January 14, 2020

REGARDING: 47601 Grand River Ave, Parcel # 50-22-17-400-046 (PZ19-0051)

BY: Larry Butler, Deputy Director Community Development

I. GENERAL INFORMATION:

Applicant

Araneae Inc/Ascension Providence Hospital

Variance Type

Sign Variance

Property Characteristics

Zoning District:	Office Service Commercial
Location:	West of Beck Road and South of Grand River Ave
Parcel #:	50-22-17-400-046

Request

The applicant is requesting variance from the City of Novi Code of Ordinances Section 28-5(a); and 28-5(b)1(b) for a 263 Square Foot illuminated sign on the North Elevation of the building. This sign exceeds number of signs permitted and area of wall sign permitted based on setback from providence parkway drive. This property is zoned Office Service Commercial (OSC).

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. **PZ19-0051**, 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. **PZ19-0051**, 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

DEC 02 2019

APPLICATION MUST BE FILLED OUT COMPLETELY

CITY OF NOVI
COMMUNITY DEVELOPMENT

I. PROPERTY INFORMATION (Address of subject ZBA Case)				Application Fee: <u>\$300.00</u>	
PROJECT NAME/ SUBDIVISION <u>Ascension Hospital</u>				Meeting Date: <u>1/14/2020</u>	
ADDRESS <u>47601 Grand River</u>		LOT/SIUTE/SPACE #		ZBA Case #: <u>PZ 19-0051</u>	
SIDWELL # <u>50-22-17-400-042</u>		May be obtain from Assessing Department (248) 347-0485			
CROSS ROADS OF PROPERTY <u>Grand River + Beck</u>					
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 type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACANT PROPERTY <input checked="" type="checkbox"/> SIGNAGE		
DOES YOUR APPEAL RESULT FROM A NOTICE OF VIOLATION OR CITATION ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
II. APPLICANT INFORMATION					
A. APPLICANT		EMAIL ADDRESS <u>mcostakes@araneaeegroup.com</u>		CELL PHONE NO. <u>248 521-0218</u>	
NAME <u>Araneae, Inc - John Carroll</u>				TELEPHONE NO. <u>248 344 8840</u>	
ORGANIZATION/COMPANY				FAX NO. <u>248 344 8841</u>	
ADDRESS <u>28785 Haas Rd</u>		CITY <u>Wixom</u>		STATE <u>MI</u>	ZIP CODE <u>48393</u>
B. PROPERTY OWNER <input 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>Ascension Providence Hospital</u>				TELEPHONE NO.	
ORGANIZATION/COMPANY				FAX NO.	
ADDRESS <u>47601 Grand River</u>		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 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 <u>OSC</u>					
B. VARIANCE REQUESTED.					
INDICATE ORDINANCE SECTION (S) AND VARIANCE REQUESTED:					
1. Section <u>28.5a</u>		Variance requested <u>1 additional wall sign</u>			
2. Section <u>28.5(b)(1)(b)</u>		Variance requested <u>size of sign, 198 sq ft. additional</u>			
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 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					
<ul style="list-style-type: none"> • Dimensioned Drawings and Plans • Site/Plot Plan • Existing or proposed buildings or addition on the property • Number & location of all on-site parking, if applicable • Existing & proposed distance to adjacent property lines • Location of existing & proposed signs, if applicable • Floor plans & elevations • 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.

*per Maureen, mock up not
& Charles required*

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

[Handwritten Signature]
Applicant Signature

12/2/19
Date

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.

See attached letter
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

Standard #1 Extraordinary Circumstances or Conditions

a. Shape of Lot

Not Applicable

b. Environmental Conditions

Not Applicable

c. Abutting Property

Not Applicable

d. Scale of Building or Lot Frontage

Due to the massive size of the building, the shape of the building, and the extreme distance from the road, a sign is required on the west end of the building.

Currently there are no signs on the west side of the building, and we feel that a long-range identifier is necessary to adequately direct patients/clients that are traveling east on Grand River Ave.

e. Not Self-Created

Not Applicable

Standard #2 Limit Use of Property

Failure to grant relief will not prevent or limit the use of the property.

Standard #3 Adverse Impact on Surrounding Area

See attached letter.



Ascension Providence Hospital

November 26, 2019

Dear Zoning Board of Appeals for the City of Novi,

Thank you for the opportunity to appeal your decision of denying Ascension Providence Hospital the permit to add an exterior cross to our building. This is a unique request that requires the Hospital's dedication as well as the commitment of the Novi community to progress the initiative.

We have taken your decision and feedback into consideration and have made proper adjustments to our project. The cross' actual gross square footage, which was previously quoted at 263 ft.², is now altered to be within the 65 ft.² foot limit of the city's ordinance. With these adjustments, we are requesting relief due to the practical hardship of using technical measurement to downsize the cross. If it is downsized by using the technical method of measurement, the cross would be extremely difficult to see and would not match the proportions of the main hospital facility which is the centerpiece of the Novi campus.

Ascension Providence Hospital sits on close to 200 acres of property on the corner of Grand River Avenue and Beck Road. While an external cross should have been integrated into the initial construction to match Ascension Providence Hospital-Southfield campus and Ascension St. John in Detroit, possibilities of future construction prevented the cross from being permanently positioned on the building. Now, in 2020, Ascension Providence and the Daughters of Charity would like to rectify that oversight.

It is vital that we place the cross on the side of the hospital as it represents the religious history that Ascension Providence brings to Novi through their relationship with the Daughters of Charity. The Daughters of Charity have a rich history in Southeast Michigan dating back 175 years when the Sisters created the first school in metro Detroit. Over the past 175 years, the Daughters of Charity have provided aid, support, education, and healthcare to the communities of Southeast Michigan.

Ascension Providence Hospital is a Catholic organization and a faith-based institution. These values call us to commit ourselves to serving all persons with special attention to the poor and vulnerable. We are dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and the Novi community. We are advocates for a compassionate and just society through our actions and words. This mission is a symbol of our Catholic identity and commitment to serving individuals of all faiths.

This cross is also a symbol of our identity and mission. Symbols are an essential part of our lives that help us identify direction and safety; they promote, they recognize, and they unify individuals through an understanding of shared experiences. This cross signifies Ascension Providence Hospital is a faith-based organization that opens their doors to people of all faiths and walks of life. It also symbolizes our history with the Daughters of Charity, without whom our hospital would not exist to give aid and sanctuary to the families of Novi.



Ascension Providence Hospital

Ascension Providence Hospital is an integral part of the Novi community. While we cannot change the physical shape of our building or its proximity to the public roads, we assure you this cross will be adorned on the building in a responsible and respectful way. Those members of our community who have been cared for at Ascension Providence Hospital, or those who have had the opportunity to speak with one of our dedicated employees and advocates, know that providing our community with faith-based, holistic, and compassionate care is at the heart of what we do.

Thank you for presenting us this chance to appeal your decision of the Ascension Providence Hospital exterior cross project. We hope that with these adjustments and the support of the Novi community, you will grant us the permit to display our heritage and mission through the cross.

Sincerely,

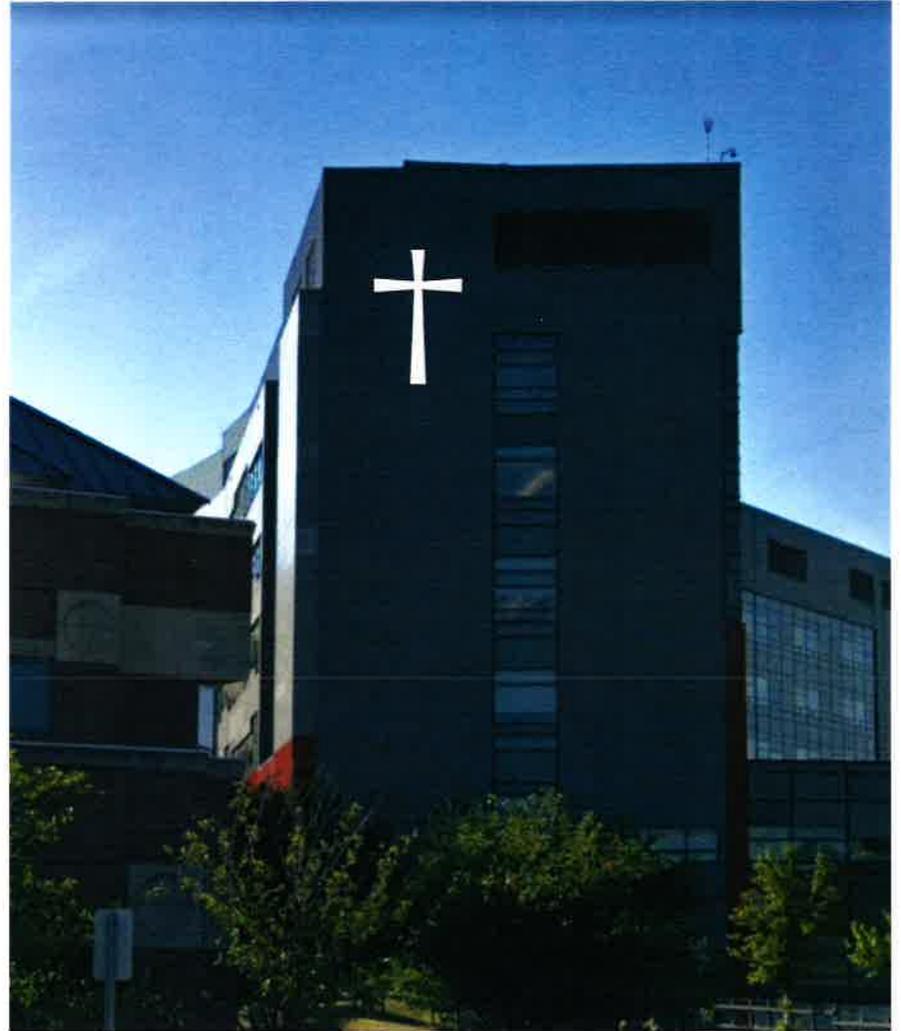
Joseph Hurshe, FACHE
President & CEO
Ascension Providence Hospital

Margaret Klobucar
Chief Operating Officer
Ascension Providence Hospital

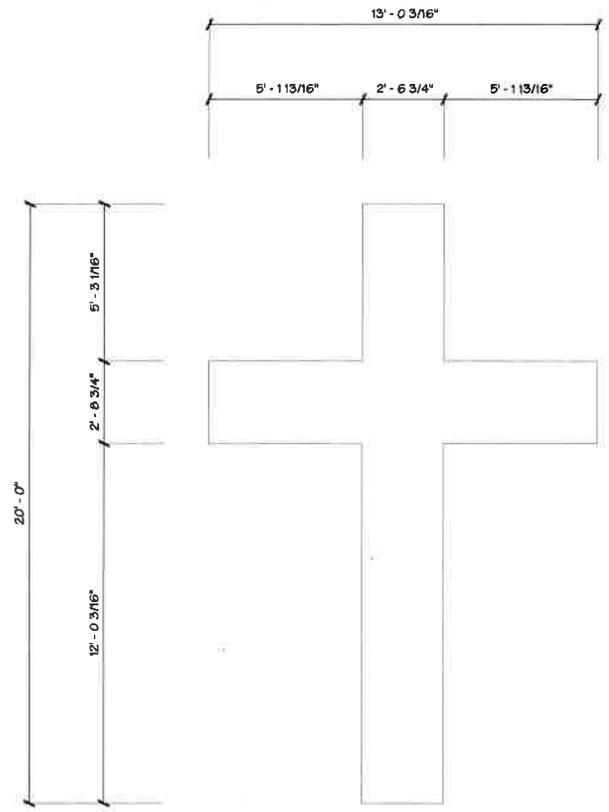
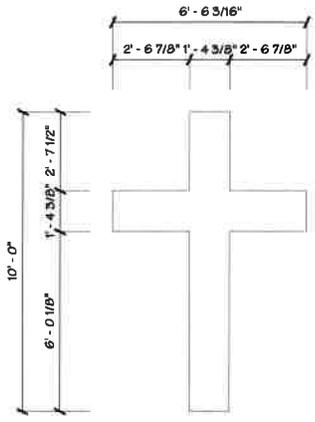
EXISTING



PROPOSED



*DETAILS / DIMENSIONS ON PAGE 2



SCALE $\frac{1}{4}'' = 1' - 0''$

Existing wall signs



