



CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
ZONING BOARD OF APPEALS (ZBA) APPLICATION

I. APPLICANT INFORMATION

Applicant Gabe Konieczski

Applicant Address [REDACTED]

City [REDACTED] State [REDACTED] ZIP [REDACTED]

Interest in Property (owner, tenant, option, etc.) Purchaser

Contact Person Iden Kalabat

Telephone Number [REDACTED] Email Address [REDACTED]

II. PROPERTY INFORMATION (IF APPLICABLE)

Property Address 241-245 E. 11 Mile Rd

Tax ID 25-13-357-027 Zoning District

Owner Name (if different than applicant) John Glon

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

Telephone Number [REDACTED] Email Address [REDACTED]

III. CONSULTANT INFORMATION (IF APPLICABLE)

Name Company

Address

City State Zip

Telephone Number Email Address

IV. NATURE OF REQUEST

- ☒ Dimensional (Non-Use) Variance
 ☐ Appeal of Administrative Decision
 ☐ Zoning Text or Map Interpretation
 ☐ Alteration of Non-Conforming Use

Brief Description of Request

The applicant is purchasing an existing building with the intent of opening a veterinary clinic that does not meet the strict compliance of 50ft setback from a residential property. The request is to grant a variance to open a veterinary clinic

Required Attachments: Refer to ZBA Review Standards Response Form and Checklist (attached).

V. APPLICANT CERTIFICATION

I (we) the undersigned do hereby apply to the City of Madison Heights for review and approval of the above-described Zoning Board of Appeals application. Applicant(s) and the property owner(s) do hereby consent to city staff to assess the property for purposes of evaluating the site for requested action(s). I hereby affirm that all of the information submitted with and including this application are correct and truthful to the best of my knowledge.

Printed Name Iden Kalabat Signature  Date May 1, 2025

VI. PROPERTY OWNER CERTIFICATION

By signing below, I (property owner) understand that the application to the City of Madison Heights has been made for land use matters to be considered and decision made by the Zoning Board of Appeals that will affect use of my property. I hereby affirm that all of the information submitted with and including this application are correct and truthful to the best of my knowledge.

IF YOU ARE NOT THE PROPERTY OWNER, YOU MUST HAVE THE PROPERTY OWNER PROVIDE A NOTARIZED SIGNATURE, BELOW, OR PROVIDE A NOTARIZED LETTER OF AUTHORIZATION OR NOTARIZED POWER OF ATTORNEY AUTHORIZING YOU TO ACT ON THEIR BEHALF.

Printed Name Gabe Konieczski Signature  Date May 1, 2025

Notary for Property Owner:

Subscribed and sworn before me, this ___ day of _____, 20__.

Notary Stamp

A Notary Public in and for _____ County, Michigan.

Notary Name (Print): _____

Notary Signature: _____

My Commission Expires: _____

STAFF USE ONLY [DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE: 400

- DIMENSIONAL VARIANCE/NON-CONFORMING USE:
 - Single-Family: \$300
 - Multi-Family/Non-Residential: \$400 + \$300 per additional variance
- Appeal/Interpretation: \$400

ZBA NO.: PZBA # 25-0005

DATE APPLICATION RECEIVED: 5/2/25

RECEIVED BY: 

SECTION D: DIMENSIONAL (NON-USE) VARIANCE

☒ Check here for a Dimensional (Non-Use) Variance (Section 15.06 of Zoning Ordinance)

1. List Section number(s) from which a variance is requested:

7.03(46)	

2. Provide a description of the proposed work and why the anticipated variances are needed.

The applicant is purchasing an existing building with the intent of opening a veterinary clinic. No site or exterior improvements are proposed at this time.

3. Explain how strict compliance with area, setbacks, frontage, height, bulk, density, or other dimensional standards would unreasonably prevent the owner from using the property for a permitted purpose, thereby rendering the conformity unnecessarily burdensome for other than financial reasons.

Strict compliance with the 50 ft setback from a residential property will render this property unusable for a veterinary clinic.

4. Explain how a variance would provide and preserve a substantial property right similar to that possessed by other properties within the same zoning district and in the neighboring area, provided that possible increased financial return is not of itself deemed sufficient to warrant a variance.

Granting of this variance would allow the applicant to occupy and operate a veterinary clinic at the subject property.

5. Explain how the plight of the owner is due to the unique circumstances of the property, such as the shape of the parcel, unique topographic environmental conditions, or other physical situation(s) on the land, building, or structure.

The applicant is purchasing the property in its current condition and configuration. If it was a vacant lot, the building could potentially be placed in a position that complies with the ordinance.

ZBA APPLICATION

6. Explain how the requested variance(s) is/are the minimum amount necessary to permit reasonable use of the land, building, or structure.

Only the requested variance is needed to permit intended use of the property as a Veterinary Clinic.

7. Describe how the authorization of such variance will not be of substantial detriment to adjacent properties and will not materially impair the intent and purposes of the Zoning Ordinance or the public health, safety, and general welfare of the community.

The intent of the ordinance is to prevent the use from becoming a nuisance to adjacent residential properties. The applicants intended use will not create such nuisance and therefore, does not impair the intent of of the ordinance.

8. Describe how the need for the variance(s) is not the result of actions of the property owner or previous property owners.

The need for the variance is not the result of actions of the applicant.

9. Provide conceptual site plan or plot plan, properly scaled, showing: dimensions from street/property lines, sidewalks, building on site and on adjoining properties, easements, and other facilities, structures, and site conditions pertaining to the variance or alteration request. (Refer to Checklist included in this application).

Mortgage survey is attached.

MORTGAGE SURVEY

Certified to: FIRST AMERICAN TITLE INSURANCE COMPANY

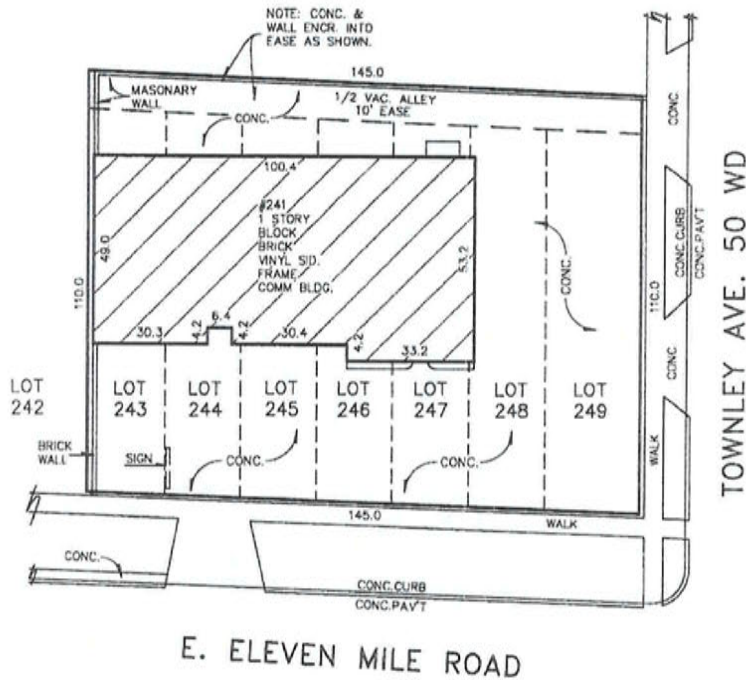
Applicant: CGB HOLDINGS, LLC

Property Description:

Lots 243 through 249, inclusive, including 1/2 of the vacated alley at the rear thereof; TUXEDO PARK SUBD'N., of part of the S.W. 1/4 of Sec. 13, T.1 N., R.11 E., Royal Oak Twp. (now City of Madison Heights), Oakland County, Michigan, as recorded in Liber 32 of Plots, Page 37 of Oakland County Records.

NOTE: A BOUNDARY SURVEY IS NEEDED TO DETERMINE EXACT SIZE AND/OR LOCATION OF PROPERTY LINES, AND TO DETERMINE THE EXACT AMOUNT OF ENCROACHMENT.

NOTE: A COMPLETE CURRENT TITLE POLICY HAS NOT BEEN FURNISHED, THEREFORE EASEMENTS OR OTHER ENCUMBRANCES MAY NOT BE SHOWN AT THIS TIME.



CERTIFICATE: We hereby certify that we have surveyed the above-described property in accordance with the description furnished for the purpose of a mortgage loan to be made by the forementioned applicants, mortgagor, and that the buildings located thereon do not encroach on the adjoining property, nor do the buildings on the adjoining property encroach upon the property heretofore described, except as shown. This survey is not to be used for the purpose of establishing property lines, nor for construction purposes, no stakes having been set at any of the boundary corners.

THIS SURVEY DRAWING IS VOID IF THE PROFESSIONAL SEAL IS NOT IN BLUE INK.

C. T. [Signature]
 JOB NO: 18-01828 SCALE: 1"=30'
 DATE: 05/23/18 DR BY: LAO

KEM-TEC PROFESSIONAL ENGINEERING, SURVEYING & ENVIRONMENTAL SERVICES
 A GROUP OF COMPANIES
 Eastpointe (800) 295.7222 Detroit (313) 758.0677 Ann Arbor (734) 994.0888 Grand Blanc (888) 694.0001
 FAX: (588) 772.4048 FAX: (588) 772.4048 FAX: (734) 994.0667 FAX: (810) 694.0001
www.kemtecagroupofcompanies.com

May 9, 2025

City of Madison Heights

Attn: Matt Lonnerstater, AICP

City Planner

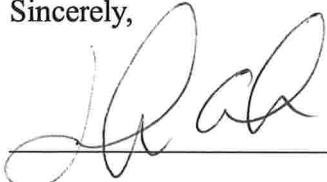
Re: 241 E. 11 Mile Road - PZBA 25-05

Mr. Lonnerstater:

By signing below, CGB Holdings LLC, understand that the application to the City of Madison Heights has been made for land use matters to be considered and a decision made by the Zoning Board of Appeals that will affect use of my property.

If you have any questions or need to discuss further, please contact me at:

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Glon', is written over a horizontal line.

Name: John Glon

Its: Managing Partner

STATE OF MICHIGAN)

) ss.

COUNTY OF Wayne)

On May 9th, 2025, before me, Jamie Jones, Notary Public, personally appeared John Glon, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Michigan that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


NOTARY PUBLIC

[SEAL]

05/09/2025
JAMIE L. JONES
Notary Public, State of Michigan
County of Wayne
My Commission Expires Jan. 25, 2030
Acting in the County of Wayne

