

Application Fee Paid: _____

Received Date: _____

Receipt # _____

Hearing Date: _____

ZONING BOARD OF APPEALS VARIANCE APPLICATION

Upon Completion of Application and Submission to the ZBA, copies will be forwarded to the Township Board

Name of Applicant: _____ Home Phone # _____

Mailing Address: _____ Bus. Phone # _____

Ownership: Evidence of Ownership *

Address of Property: _____

Present Zoning District: _____

Property # _____ (Tax ID #)

Legal Description (attached _____)

Requested Action: _____

Please attach a written statement which demonstrates that:

- (1) Special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to the other lands, structures, or buildings in the same district, **and**
- (2) Literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Ordinance, **and**
- (3) Granting the variance requested will not confer on the applicant any special privilege that is denied by this Ordinance to other lands, structures, or buildings in the same district.

The following must be submitted with this Application:

- A. Verifications of Legal Description (this will be checked by the Township Assessor’s Office)
- B. Scaled Site Plan including all existing and proposed buildings.
- C. Copy of **ALL** Deeds, Land Contracts, Purchase Agreements and other instruments not recorded (deed holder will be notified of all hearings.)

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ALL APPLICANTS are required to attend all Public Hearings and Meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply and file a new application.

I hereby certify that all information submitted on or with this Application is true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Signature of Deed Holder (IF not Applicant): _____ Date: _____

Mailing Address of Deed Holder: _____

Telephone # _____

Subscribed and sworn to before me: Name of Notary: _____

This _____ day of _____ 20____ County: _____

My Commission Expires on: _____

(Signature)

Signature of Zoning Administrator: _____ Date: _____