



# Application For Variance

Date:
Parcel ID Number:

P.O Box 310 ~ Harrison, MI 48625 ~ (989) 539-7129 ~ www.hayestownship.com

Property Owner(s) Name:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

This application must be signed by the property owner(s). In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner.

Do you have a conforming or a non-conforming lot?	Location of Property: Address _____
Current Zoning of Property:	N E S W side of _____ road
Master Plan Designation of Property:	Between _____ & _____ roads
Zoning of surrounding Parcels: North: _____ South: _____ East: _____ West: _____	Total Acreage of Existing Site:

Insert below (or attach) accurate legal description of property:

Briefly describe the nature of the variance:

**A complete site plan, showing sufficient detail including property lines, proposed buildings, additions, and/or accessory buildings with setbacks from property lines.**

Owner(s) Signature:	I hereby grant permission for members of the Planning Commission and the Zoning Administer to enter the above-described property for purpose of gathering information related to this application.  Signature and Date:
Applicant(s) Signature (if other than Owner):	

### DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Application fee:	Date Received:	Receipt Number:	
Publication Date:	Date Notices Mailed:	Public Hearing Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved With Conditions (list below or attach)			