

Fremont Township

Application For Variance

Please **Print** Answers to the Following Questions:

Date of Application: _____

Name of Applicant: _____

Applicant's Address: _____

Home Phone #: _____ Cell Phone #: _____

Name of Current Owner of Proposed Site: _____

Owner's Address: _____

Owner's Home Phone#: _____ Owner's Cell Phone#: _____

Attach copy of Legal Description of the Proposed Site

Property Tax ID #: _____

Address of Property Involved: _____

Cross Roads Closest to Site: _____

Intended Land Purpose, Attach Copies if Necessary: _____

A Site Plan is Required. Please attach a site plan to this application. **It shall include the following information & be drawn up to these minimum standards.**

- (a) Use a scale of not less than 1" equals 50' if the subject property is less than 3 acres & 1" equals 100' if property acreage is 3 acres or more.
- (b) Date site plan was drafted, the scale the site plan was drawn to & a north point .
- (c) The dimensions of all lot & property lines showing the relationship of the subject property to abutting properties.
- (d) The location of existing & proposed structures on the subject property & all existing structures within 100' of the property.
- (e) The location of all existing & proposed drives & parking areas.
- (f) The location & right-of-way widths of all abutting streets & alleys.
- (g) The names & addresses of the architect, planner, designer or engineer responsible for the preparation of the site plan.
- (h) Attach 10 copies of the site plan (original and 9 copies)

Applicant's Signature: _____

Note: Special Land Use Permit may be reviewed and/or withdrawn at any time if requirements of zoning ordinances are not met.

Return or Mail Application To: Fremont Twp. Zoning Administrator
PO Box 216, Mayville, MI 48744
zoning@fremonttownship.org

Applicant Not to Write on This Page

Proof Of Ownership Provided? Yes or No: _____

Is a Land Contract or Warranty Deed Involved? Yes or No: _____

What Proof of Ownership was Provided? _____

Zoning Board Approval Date: _____

----- **Special Conditions Section** -----

Are There Special Conditions? Yes or No: _____

List the Special Conditions Specifically Applying to This Permit. Attach Sheets if Necessary

Are Additional Sheets Attached? _____ If Yes, How Many? _____

The Special Conditions Applying to This Permit are as Follows:

[illegible]

Note: Special Land Use Permit may be reviewed and/or withdrawn at any time if requirements of zoning ordinances are not met. By signing below the Applicant agrees to adhere to the provisions set with this Special Land Use permit:

Applicant's Signature _____

Date: _____

Zoning Administrator's Signature: _____

Date: