

APPLICATION FOR ZONING VARIANCE NO. ___
BOARD OF ZONING APPEALS
CITY OF FENNVILLE

Date Received: _____

By: _____

Fee Paid: _____

1. Legal description or tax no. of subject property:

2. Present Zoning Classification: _____

3. Location and size of subject property (street no., acreage, dimensions, etc.): _____

4. Present improvement on the property (buildings, structures, etc.): _____

5. Applicant's interest in the property (deed-holder, land contract-purchaser, tenant, leasee, etc.): _____

6. If the applicants interest is other than deed-holder, does the deedholder know of this application and consent thereto? Yes ___ No ___

7. Is the property encumbered by any deed or plat restrictions, or covenants? Indicate if none apply or attach a copy of same. _____

8. State the present use of the property. _____

9. State the variance requested. _____

NAME OF APPLICANT (Printed or Typed): _____

SIGNATURE OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: Work _____ Home _____

DATE OF HEARING: _____

BOARD ACTION: _____

SPECIAL CONDITIONS: _____

SIGNATURE OF CHAIRPERSON

DATE

