APPLICATION FOR ZONING VARIANCE CHANDLER TOWNSHIP

Dennis Howard, Zoning Administrator 01425 Walton Road, Boyne Falls, MI 49713 (231) 675-3315

Applicant's Information	
Name:	Phone:
Address:	
Owner's Information (if different from the	applicant's)
Name:	Phone:
Address:	
Property Description	
Address:	Nearest Intersection:
Property Tax Code #:	Subdivision & Lot #:
Zoned District:	
Property Drawing	
	e. The drawing should include all of the following:

Applicant must supply maps, drawings, pictures, graphs, etc. in order to inform the Board of the building or activity type, and how it will look when accomplished. This information must be supplied at least 3 weeks prior to the hearing date.

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the unique conditions and/or circumstances?	
Impact of Request on Other Properties If your request is granted, what impact will it have on the a the types of uses permitted? Will it hamper access by emelight, air, or access to adjacent properties? Will it in any ot properties in the area?	ergency vehicles or personnel? Will it restrict
I understand that if the requested variance is granted, I an requirements of the Chandler Township Zoning Ordinance Zoning Board of Appeals involving site improvements, use applicant from obtaining other applicable authorizations. (I department, soil erosion, and engineering approval, etc.)	e. It is also understood that any approval by the e, and/or construction does not relieve the
I authorize Chandler Township [staff, appointed board met to enter upon the subject property for purposes of making identified in this application. I certify all the above informat accurate to my fullest knowledge.	inspections related to the project or request
Owner's Signature	Date
Petitioner's Signature (if different from the owner)	Date
OFFICE USE ONLY	
Date Received	Assigned Case #
Zoning Board of Appeals Decision and Order:	
Approval Signature	Hearing Date

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