

ARCADIA TOWNSHIP ZONING BOARD OF APPEALS
ZONING VARIANCE APPLICATION

TAX PARCEL NO. 51-01- _____

NAME OF APPLICANT _____

PHONE NUMBER _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY _____

LEGAL DESCRIPTION OF PROPERTY _____

LIST ALL DEED RESTRICTIONS(USE BACK IF NEEDED) _____

WHAT IS THE PRESENT USE OF THE PROPERTY? _____

WHAT IS THE PRESENT ZONING CLASSIFICATION OF THE PROPERTY? _____

ANY PREVIOUS APPEALS ON THIS PROPERTY? _____

IF YES, PROVIDE ALL DETAILS ON BACK OF THIS PAPER.

WHAT ARTICLE OF THE ZONING ORDINANCE IS IN VIOLATION?

PLEASE LIST EXACT PARAGRAPH AND PAGE NUMBER.

WHAT IS INTENDED TO BE DONE ON OR WITH THE PROPERTY WHICH
NECESSITATES THIS VARIANCE? _____

The undersigned affirms that the answers and statements herein contained and
submitted are in all respects true and correct to the best of his/her knowledge.

APPLICANT SIGNATURE _____

TITLE, OWNER, AGENT, ETC. _____

DATE _____

\$750.00 FEE ATTACHED YES/NO CHECK #

SEND COMPLETED APPLICATION TO:
MANISTEE COUNTY PLANNING DEPARTMENT
395 THIRD ST. MANISTEE, MI 49660