

TOWNSHIP OF SALINE
VARIANCE APPLICATION
FEE \$400.00

Date of Application: _____

Name and address of applicant: _____ Phone: _____

1. Describe reason for appeal: _____

2. Indicate with attachment showing exact location of property and sketch showing all property lines, dimensions, bearings or angles, correlated with legal description. All existing and proposed structures and uses on premises, and dimensions of such structures and their dimension locations; lot area and all calculations necessary to show compliance with regulations of the Zoning Ordinance.

3. Attach statement that applicant is the owner or is acting on the owner's behalf, and the name, address and phone number of the owner (s) of record, if the applicant is not the owner of record.

4. Business Name:

_____ Individual Person _____ Firm _____ Corporation

5. If a product or service is being provided, briefly describe: _____

6. Attach a written statement of the Variance, demonstrating the Required Conditions in Section 13.11 of the Saline Township Zoning Ordinance.

7. The Applicant shall submit any other information requested by the Board of Appeals and may include any additional information that they believe will assist the Board in reaching an equitable decision.

Signed: _____
Applicant

Received by: _____ Position _____ Fee _____ Date _____