

**TOWNSHIP OF SALINE
VARIANCE APPLICATION
FEE \$400.00**

Applications to the ZBA for a variance must be filed with the Township Clerk or the Township Zoning Inspector and must be accompanied by a check for \$400 payable the Township of Saline.

Date of Application: _____

1. Applicant/Owner Information:

Name of applicant: _____

Address of applicant: _____

Telephone No: _____ Email: _____

If owner is different from applicant: _____

Name of owner: _____

Address of owner: _____

Telephone No: _____ Email: _____

2. **Applicant' legal status:** Is the applicant a(n): Person Partnership Corporation/LLC

3. **Proof of Ownership.** Attach proof of ownership and if applicant is not the owner, a signed consent authorizing the applicant to seek a variance on the owner's behalf.

4. Property Information:

Address of property: _____

Tax ID No. _____

Current zoning classification: _____

Attach copy of legal description for the subject property.

5. **Abutting Properties:** Zoning classification of all abutting parcels.

6. **Site Plan.** Attach a site plan drawn to scale with a north-arrow, showing showing all lot lines, street rights-of-way, easements, structures, setback dimensions, parking areas, driveways, sidewalks and other site improvements.

7. **Reasons for request.** Attach a letter from the applicant stating the reasons for the request, and addressing the applicable criteria specified in Section 17.07 of the Saline Township Zoning Ordinance for granting a variance.

PLEASE NOTE: *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.*

Applicant signature

For Office Use Only

Received by:	Date application received:
<input type="checkbox"/> Fee received	Date fee received: