



Please schedule appointment with Zoning Administrator before submitting application to ensure accuracy!

7401 N 32nd St
Richland, MI 49083
P: 269-629-4921
F: 269-629-5993

VARIANCE, APPEAL OR INTERPRETATION

Name of applicant: _____

Contact Info: Home _____ Cell _____ email: _____

Mailing address: _____
Street address or P.O. Box # City State Zip

Owner/deed holder (if other than the applicant): _____

Mailing address: _____
Street address or P.O. Box # City State Zip

Address of the subject property: _____

Parcel # _____ Zoning Classification _____

Legal description (may attach separate document if enough room is not provided): _____

Description of the proposed variance(s) requested and the relationship to existing ordinance requirements: (may attach separate document if enough room is not provided): _____

Please state your rationale (practical difficulty) for need for the variance: _____

For appeal of zoning administrator's decision or interpretation of ordinance

Description of the appeal or interpretation, including section(s) of the ordinance: _____

I (we), the undersigned do hereby submit one packet that includes: completed and signed application, supporting documentation, review fee, and escrow for the purpose of requesting a variance / interpretation from the Zoning Board of Appeals. In making this application, I (we) acknowledge that the Township Zoning Board of Appeals has discretion to impose reasonable terms and conditions as a provision of any considered approval. In making this application, I (we) acknowledge that the Zoning Board of Appeals will review this variance application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any Richland Township official or representative to enter and inspect the subject property for purposes related to this application

Signature of applicant _____ Date _____

Has applicant met with ZA to discuss this application? _____

Received by _____ Date Received _____ Amount Received _____

Supporting documents attached? _____ Escrow affidavit? _____



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*******FOR OFFICE USE ONLY*******

Parcel # _____ Property Address _____

Applicant _____

REVIEWER'S ACTION:

_____ Application complete. Forward to next ZBA and begin the process for public hearing.

Date of Meeting

_____ Applicant incomplete. Additional information requested by:

_____ Proceed with public noticing

_____ Hold public noticing

Additional Comments:

SIGNATURE _____ **DATE** _____

Planner / Zoning Administrator



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