

VARIANCE APPLICATION

Fees and escrow per the Township Consolidated Fee Schedule 2 Hard Copies of Site Plan and Application + 1 Digital Copy emailed to <u>cosman@saugatucktownshipmi.gov</u>

APPLICANT INFORMATION

Company Name:	Phone:
Applicant Name:	Address:
Email:	
	ROPERTY INFORMATION
Company Name:	Phone:
Owner / Agent Name:	Title:
Address:	City/State/Zip Code:
Parcel Number:	Zoning District:

REQUEST INFORMATION

Describe nature of request (use additional pages if necessary):		
Zoning Section for variance (list all that may apply):		

Supplemental Information for Application to Board of Appeals:

Since a variance cannot be authorized by the Board of Appeals unless it finds reasonable evidence that all of the following conditions exist, it is imperative that you give information to show that these facts and conditions do exist. See Article II, Division 2.

A. That there are exceptional or extra-ordinary circumstances or conditions applying to the property in question as to the intended use of same that do not apply generally to other properties in the same zone district.



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- B. That such variance is necessary for preservation and enjoyment of a substantial property right similar to that possessed by other property right similar to that possessed by other properties in the same zone district and in the vicinity; provided that the possibility of increased financial return shall not of itself be deemed to warrant variance.
- C. That the authorizing of such variance will not be of substantial detriment of adjacent property and will not materially impair the intent and purposes of the Zoning Ordinance of the public health, safety, and welfare.
- D. That the condition or situation of the specific piece of property or the intended use of said property for which the variance is sought is not of so general or recurrent a nature as to make reasonably practicable the formulation of a general regulation for such condition or situation.
- E. Any exceptional or extraordinary circumstances applying to the property in guestion are not self-created

By signing below, I grant Township staff or authorized representatives thereof access to the property to conduct inspections as needed.

Applicant/Agent Signature: ______Date: _____

Land Owner Signature: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ____Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____AatA