

**SCHOOLCRAFT TOWNSHIP ZONING BOARD OF  
APPEALS APPLICATION FOR VARIANCE**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Property Address \_\_\_\_\_

Property Tax ID Number \_\_\_\_\_ Present Zoning \_\_\_\_\_

Interest of Applicant in the Property: \_\_\_\_\_

(Deedholder, Land Contract Purchaser, Lessee, Other)

If Applicant's interest is other than deedholder, does Applicant have consent of deedholder to proposed project and this application?    Yes                      No

Generally describe proposed project (i.e. addition to house, attached garage, detached accessory building, etc.): \_\_\_\_\_

\_\_\_\_\_  
\*Attach completed "Lot Diagram" (and survey when required); and drawing of proposed construction with dimensions and elevations.

Indicate requirement/ordinance section number from which variance is requested, and specify requested variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify the conditions of the property you believe create "practical difficulties" that prevent compliance with the ordinance requirement\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*Attach additional sheets as necessary.

Applicant signature \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: An application fee deposit of \*\$750.00 must accompany this application. ***\*Costs incurred over the application fee deposit amount must be paid prior to commencing with the approved variance request.***

\_\_\_\_\_

\*\*\*\*\***FOR TOWNSHIP USE ONLY**\*\*\*\*\*

Tentative Meeting Date: \_\_\_\_\_

Date: \_\_\_\_\_

Deposit Fee Received By: \_\_\_\_\_